

Miscellaneous Record, No. 23, Madison County, Iowa

Katharina Mueller, et al

#2397

To
The Public

Fee \$ 1.00 ✓

Filed for record the 8 day of
April A.D. 1941 at 11:00 o'clock
A.M.
Pearl E. Shetterly, RecorderA F F I D A V I T

STATE OF NORTH DAKOTA COUNTY OF RANSOM)ss.

I, Katharina Mueller, do solemnly swear that I am the Mother of the child mentioned in the annexed Certificate of Birth. I have read said Certificate and the statements contained therein are true of my own knowledge.

Katharina Mueller

Miscellaneous Record, No. 23, Madison County, Iowa

Subscribed and sworn to before me this 6th day of July, 1937

(Notarial Seal)

Chas S Ego
 Notary Public for State of North Dakota
 Residing at Lisbon, N. Dak.
 My commission expires 7/24/1941

STATE OF NORTH DAKOTA COUNTY OF RANSOM)ss.

We, the undersigned, do severally solemnly swear that we are personally and well acquainted with the above named affiant and we have read the statements contained in the annexed Certificate of Birth and that said statements are true to our best knowledge and belief.

Theresa L. Brittain
 Pleasant Brittain

Subscribed and sworn to before me this 6th day of July, 1937

(Notarial Seal)

Chas S Ego
 Notary Public for State of North Dakota
 Residing at Lisbon, N. Dak.
 My Commission expires 7/24/1941

STATE OF MONTANA STANDARD CERTIFICATE OF BIRTH State Board of Health BUREAU OF VITAL STATISTICS
 Place of Birth
 County of Madison Village or City of ... State of Iowa No. Street. Reg. No.
 (If birth occurred in a hospital or institution,
 give its Name instead of street and number)
 2. FULL NAME OF CHILD Oscar Otto Mueller (if child is not yet named, make supplemental report,
 as directed)
 3. Sex Male If plural births 4. Twin, triplet, or other... 5. Number, in order of birth
 6. Premature..... Full term..... 7. Legitimate? Yes 8. Date of birth March 29th 1877
 (Month, day, year)
 9. Full name Father George Mueller 10. Residence (usual place of abode)
 (if non-resident, give place and State) Madison Co. Iowa.
 11. Color or race White 12. Age at last birthday 35 at date (Years)
 13. Birthplace (city or place) Hohnsheidt (State or country) Germany
 14. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc. Farmer
 15. 16. 17.
 18. Full maiden name MOTHER Katharine Schott
 19. Residence (usual place of abode) (if non-resident, give place and State) Madison Co. Iowa
 20. Color or race White
 21. Age at last birthday 32 at Birth
 22. Birthplace (city or place) Baden (State or country) Germany
 23. Trade, profession, or particular kind of work done, as Housekeeper Typist, Nurse, Clerk, etc.
 24. 25. 26. Total time (years) spent in this work.....
 27. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 7 (b) Born alive but now dead none (c) Stillborn none
 28. If stillborn, period of gestation (months or weeks)
 29. Cause of stillbirth..... (Before labor During labor
 What prophylactic was used to prevent ophthalmia neonatorum ?
 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn)
 at M., on the date above stated

(When there was no attending physician or)
 midwife, then the father, householder, etc)
 (should make this return Give Name Added from)
 a supplemental report
 (date of)

 Registrar.

(Signed)....., M.D.
 or None....., Midwife
 Address
 Filed 19.....
 Registrar.

COMPARED