WRITE PLAINLY WITH UNPADING INK-THIS IS A PERMANENT RECORD REQUIRED SHOULD BE ENTERED AS THEY WERE AT THE TIME THIS BIRTH OCCURRED.

IOWA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS BIRTH CERTIFICATE

(Explanation)
In past years many birth records were not filed at the time of birth as provided by statute, due to the neglect of those charged with the duty of filing said record. This affidavit is provided to take care of such cases and may be executed by the attending physician, midwife, parent, nearest relative or other person having knowledge of the facts of this birth. Not acceptable if signed by the party for whom it is made.

Mrs.	Edna C. McShane	AFFIDA		and say that I am 55	years
of age; that	I have known the person name	ed herein for 32 yr	years; that I reside	t 5210 Florida S	tr
in the County as I verily be			swers given to the follo	wing questions are true and	correct
Full Name of	Child James Owen M	cShane			
Place of Birth	n: County of Woodbury		City ofS	ioux City, Iowa.	
	Township of		Street		
Sex of Child	Twin, triplet, or other	Number in order of birth	Legitimate	Date of Feb. 26th birth Month Day	1907 Year
Male	(To be answered only in event of plural births)				
Name of physor other personat this birth_	ician, midwife, on attending Dr. Lawr	ence			
	FATHER		Full	MOTHER	
Full Name Jai	mes William McSha	ne	Maiden	EMER. Cwens.	
Residence at ime of this bi	oux City, Lowa		Residence at time of this birth		
Color White	Age at time of this birth 23		Color Age at this bir	time of th 23 Years	
Occupation at of this birth	time Dairy-Man		Occupation at time of this birth	usewife	
That the basi	s of my knowledge for answe	rs given above is as fol	lows Mother of	child	
			0 10	0	
	(Sign Here)	Ins Cdu	a. 1//2	have moth	
State of Anna	/	County, ss. Nan	ne	Relationship	•
	29th. July	19_39 bef	ore me comes Mrs	Edna C. McShane	
nd makes oa	th that the information given	n in this instrument sub	scribed by him is true	and correct as he verily beli	eves.
		Notary Pub	ic in and for	K harma	Mic l
My commissio	n Julyx14, 1940.	Do not write belov		9.	
Filed	aug 15	. 1932	Jalur Sta	te Registrar)	4
		Ву	Waro	50 mal	
N. B. Any r	erson making a false affidavit		(Director Divis	sion of Vital Statistics)	