

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CANNOT BE REPRODUCED OR RECORDED AS AN ORIGINAL RECORDS FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
JUL 29, 1926
LINCOLN, NEBRASKA

Irada Thies
DIR. - 36
B. BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
county of *Dundy*
ownership of
State of *Nebraska*
BY of

STATE OF NEBRASKA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS *9-20*
Registered No.

ALL NAME OF CHILD *Bonnie Jean Riley* No. *1-4* St. *1-4* Ward *1-4*
birth occurred in a hospital or institution give its NAME instead of street and number

Sex of child *Female* Twin, Triplet or Other? *-* Number in order of birth *-* Legitimate? *yes* Date of birth *1-13-26*
To be answered only in event of plural births

FATHER
FULL NAME *Thorvald Riley*
RESIDENCE *Bankelman*
POST OFFICE *Bankelman*
COLOR of RACE *White* AGE AT LAST BIRTHDAY *49* Years
BIRTHPLACE *Okla.*
OCCUPATION *Farming*

MOTHER
FULL MAIDEN NAME *Nellie Dilla*
RESIDENCE *Bankelman*
POST OFFICE *Bankelman*
COLOR of RACE *white* AGE AT LAST BIRTHDAY *18* Years
BIRTHPLACE *Ind.*
OCCUPATION *House wife*

Number of children of this mother taken as of time of birth of child herein considered and including this child
a. Still alive and now living *1* b. Still alive but now dead *0* (c) Deceased *0*

CERTIFICATE OF ATTENDING PHYSICIAN
I hereby certify that I attended the birth of this child, who was *Born alive 10/30/26*
(Born Alive or Stillborn)

-When there was no attending physician then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
your name added from a supplemental report

STATE LAW
Is any provision included in each year? *yes*
and *Oct. 2, 1926*
Signature *Lizzie M. Ervey*
Address *Bankelman Abt.*