STATE OF COLORADO
STANDARD CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS

File No. CITY RECORD

Registered No.

1. PLACE OF BIRTH

County of DENVER

Town of

City of DENVER Registration District No.

No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME OF CHILD ROBERT HOWARD ABBOTT JR. { If child is not yet named, make supplemental report, as directed

3. Sex	If plural births	6. Premature / Full term	7. Legitimate? / 7a. Congenital deformity	8. Date of birth
MALE	4. Twin, triplet, or other / 5. Number, in order of birth			JULY 25, 1908 (Month, day, year)

FATHER	MOTHER
9. Full name: ROBERT H. ABBOTT	18. Full maiden name: NOT STATED
10. Residence (usual place of abode) (If nonresident, give place and State): 2042 Exposition Denver, Colo.	19. Residence (usual place of abode) (If nonresident, give place and State): 2042 Exposition Denver, Colo.
11. Color or race: wh / 12. Age at last birthday: (years)	20. Color or race: wh / 21. Age at last birthday: (years)
13. Birthplace (city or place) (State or country)	22. Birthplace (city or place) (State or country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: chemist 16. Date (month and year) last engaged in this work, 19 / 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work, 19 / 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 and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation { months or weeks

29. Cause of stillbirth { Before labor / During labor

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. } 19930

(Signed) H. Elliott, M. D.

or, Midwife

Address Denver, Colo.

Given name added from a supplemental report (Date of)

Registrar.

Filed approx, 19 08 not stated

Registrar.

STATE OF COLORADO, SS:

I hereby certify that the above is a true, full and correct copy of the original certificate in my custody and now on file in my office.

Witness my hand and official seal at Denver, in said State this 23rd day of MARCH, A. D. 1966.

R. L. Cleere, M.D.

DIRECTOR OF STATE DEPARTMENT OF PUBLIC HEALTH and STATE REGISTRAR

Rejeana Torres

DEPUTY STATE REGISTRAR