

FEE, \$~~10.00~~<sup>15.00</sup>

# CITY of ST. LOUIS

No. 3333

STATE OF MISSOURI  
Department of Health and Hospitals  
DIVISION OF HEALTH / RECORDER OF DEEDS  
(Vital Statistics)

## **CERTIFIED COPY of BIRTH RECORD**

Name Shelby, Sam Sex M Race W  
Place of Birth 2529 Bernays Date of Birth 11-10-1908  
Father's Name A.M Birthplace Ky  
Mother's Name Mattie Birthplace Ky  
Informant J.H Berto Volume June 1909 Page 124  
Registration # ---

I, the undersigned, Registrar of Vital Statistics, hereby certify the foregoing to be a true copy from the birth records in this office.

*Sharon J. Carpenter*

Issued OCT 13 2017 yr. \_\_\_\_\_

Registrar of Vital Statistics