

No.	DATE OF BIRTH			NAME, IF ANY	SEX (and Condition, as Twins, Illegitimate, Etc.)	COLOR
	Month	Day	Year			
	Feb.	1.	1896	Thresie Shaffer	Female	White

FULL CHRISTIAN NAME OF EACH PARENT	BIRTHPLACE OF EACH PARENT (State or Nation)	OCCUPATION OF PARENTS	AGE
Mathies Shaffer	Germany		49
Kate Shaffer	Germany		47

PLACE OF BIRTH OF CHILD (Town or City)	NAME OF REGISTRAR	When Registered		
		Month	Day	Year
Town of Lura	Jacob Linder, Jr.			

State of Minnesota
County of FARIBAULT

} ss. **In District Court of Said County**

I, PAUL BELAU, Clerk of the District Court in and for said County and State hereby aforesaid, do certify that the foregoing is a full and complete transcript of the entries appearing of record in the Register of Births now remaining in my said office relative to the birth of the said Thresie Shaffer and of the whole thereof.

WITNESS my hand and the seal of said Court hereto affixed at Blue Earth, Minn., this 21st day of July
A. D. 19 41

Paul Belau Clerk
By _____ Deputy

