CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov

LINCOLN
The community of opportunity

April 26, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of West Nine Learning Center, 8788 Firethorn Lane requesting a class I liquor license.

This location was previously part of Firethorn Golf Course which holds a class I/D liquor license

James White, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. White will be omitted as he was the approved manager of the liquor license which was held at North Forty Golf Course.

The required training will be completed on May 13th 2010.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: White First Name: James MI: B

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Social Security Numbe _____ Date of Bir.... _____

Spouse Full Name (indicate N/A if single): Tiffany A. White

Spouse Social Security Numbe _____ Date of Bi _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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All LCC members, including spouses, are required to adhere to the following requirements

1) **Must be a citizen of the United States**
2) **Must provide a copy of their certified birth certificate or INS papers**
3) **Must submit their fingerprints (2 cards per person)**
4) **Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)**

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: James B. White

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

West Nine and Learning Center at Firethorn, LLC

LLC Address: 8360 Katrina Lane

City: Lincoln State: NE Zip Code: 68512

LLC Phone Number: 402/610-4653 Fax Number n/a

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: White First Name: James MI: B.

Home Address: 8360 Katrina Lane City: Lincoln

State: NE Zip Code: 68512 Home Phone Number: 402/610-4653

James B White

Signature of Contact Member

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

March 25, 2010 by James B. White
date name of person acknowledged

Tina M. Scully
Notary Public signature

Affix Seal here
GENERAL NOTARY - State of Nebraska
TINA M. SCULLY
My Comm. Exp. Dec. 1, 2013

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NEBRASKA LIQUOR
CONTROL COMMISSION

Attachment to Liquor License Application Of
West Nine and Learning Center at Firethorn, LLC

Description of Area to Be Licensed

On the attached documents entitled "Legal Description" and their accompanying maps, it indicates the applicable areas for the liquor license. This includes the golf course and its new clubhouse. The location of the clubhouse is identified on the aerial map. The golf course was previously accepted for a liquor license by Firethorn Golf Company. Due to a recent lease agreement with West Nine and Learning Center at Firethorn, LLC, Firethorn Golf Company has recently relinquished a portion of its license, and now West Nine and Learning Center at Firethorn, LLC, is applying for the relinquished area. The location of the West Nine and Learning Center at Firethorn, LLC clubhouse is within the area of the previous liquor license which was relinquished by Firethorn Golf Company, although the clubhouse itself will be a new addition to the liquor license area.

376012

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

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Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

James B. White **Signature of Applicant**	Tiffany A. White **Signature of Spouse**
Signature of Applicant	**Signature of Spouse**
Signature of Applicant	**Signature of Spouse**
Signature of Applicant	**Signature of Spouse**

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 25th day of March 2010 by

James B. White

Tina M. Scully
Notary Public signature

Affix Seal Here
GENERAL NOTARY - State of Nebraska
TINA M. SCULLY
My Comm. Exp. Dec. 1, 2013

County of Lancaster

The foregoing instrument was acknowledged before me this 25th day of March 2010 by

Tiffany A. White

Tina M. Scully
Notary Public signature

Affix Seal Here
GENERAL NOTARY - State of Nebraska
TINA M. SCULLY
My Comm. Exp. Dec. 1, 2013

in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Frontier Bank, Lincoln, NE. James B. White, Greg Johannesen, and Jeff Schreiner

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

James B. White for North Forty Golf. Business closed in 2007

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

a) Individual, applicant only (no spouse)
b) Partnership, all partners (no spouses)
c) Corporation, manager only (no spouse)
d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
James B. White	1985 to 1994	Firethorn Golf Club
	1995-2000	North Forty Golf, Inc.
	1991-2007	North Forty Golf, Inc. (owner)

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date September 30, 2014
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? Beginning to middle of May 2010
15. What will be the main nature of business? Golf course and golf training
16. What are the anticipated hours of operation? In season (April thru Oct.) 6:30 am to 10:00 pm. Out of season (Nov. thru March) 9:00 am to 5:00 pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
James B. White: Lincoln, NE	1999	present	Tiffany A. White: Lincoln, NE	1999	present

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

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If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number_____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☑ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender Frontier Bank, Lincoln, NE

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☒ YES ☐ NO

If yes, explain. All involved persons must be disclosed on application. Applicant shall pay to Firethorn Golf Company, LLC, a percentage of profits from green fees, range fees, membership fees, and alcohol sales.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner._____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain._____

No silent partners

#88336

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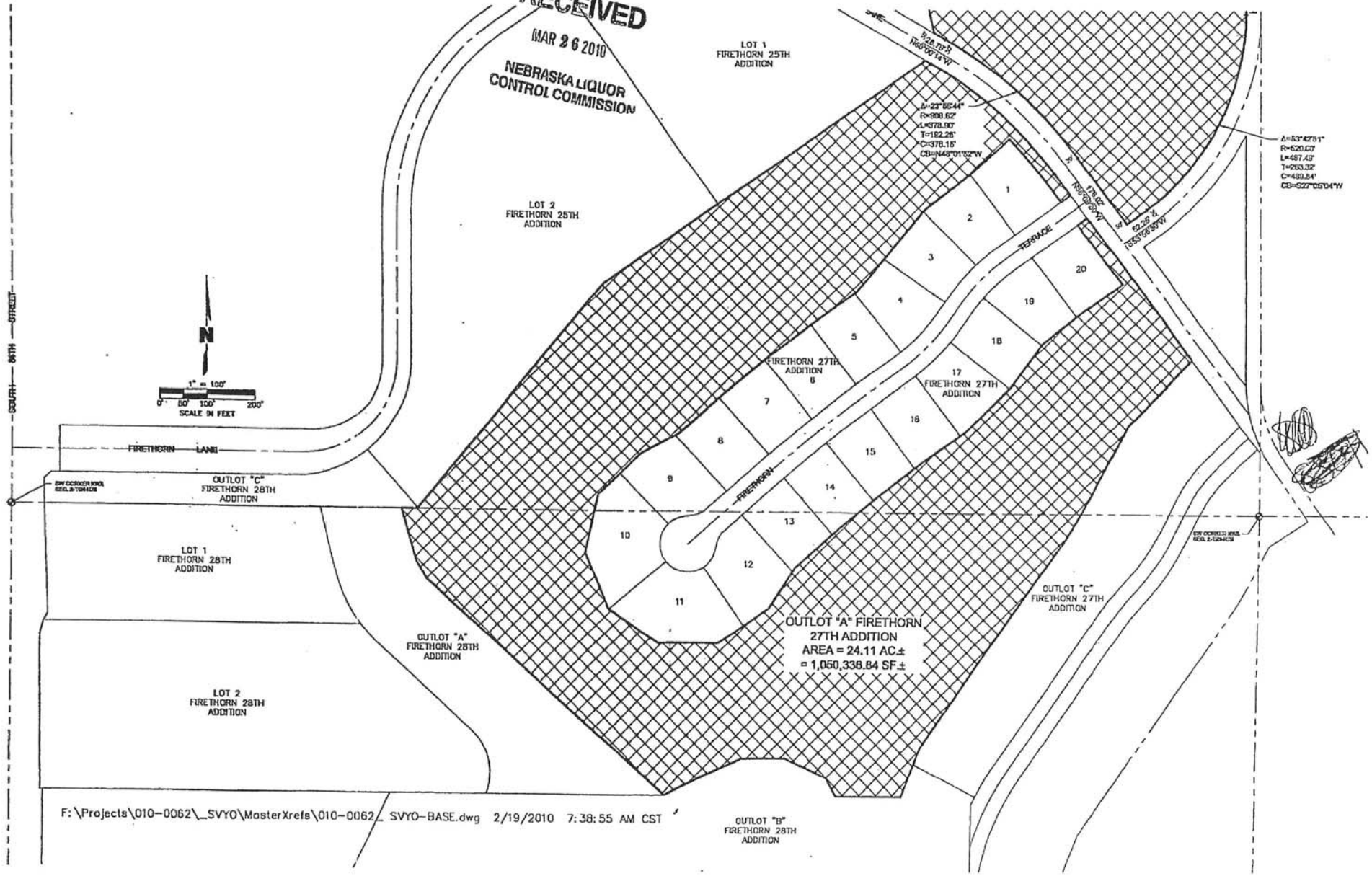
CONTROL COMMISSION



PREMISE INFORMATION

Trade Name (doing business as) West Nine and Learning Center at Firethorn, LLC

Street Address #1 8788 Firethorn Lane

Street Address #2

City Lincoln County Lancaster Zip Code 68520

Premise Telephone number n/a

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Is this location inside the city/village corporate limits: [x] YES [x] NO

MAR 26 2010

Mail address (where you want receipt of mail from the commission)

Name James B. White

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 8360 Katrina Lane

Street Address #2

City Lincoln State NE Zip Code 68512

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

See attached

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐YES ☑NO

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If yes, provide the name of corporation/company and supply an organizational chart

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

Is this a Non Profit Corporation?

☐YES ☑NO

If yes, provide the Federal ID #.

In compliance with the ADA, this limited liability company insert form 3b is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format

MANAGER APPLICATION
INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

1) **Must be a citizen of the United States**
2) **Must be a Nebraska resident (Chapter 2 – 006)**
3) **Must provide a copy of birth certificate, naturalization paper or US passport**
4) **Must submit their fingerprints (2 cards per person)**
5) **Must be 21 years of age or older**
6) **Applicant may be required to take a training course**

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: West Nine and Learning Center at Firethorn, LLC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: _____

Premise Street Address: 8788 Firethorn Lane

City: Lincoln State: NE Zip Code: 68520

Premise Phone Number: n/a

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

James B White

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

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Manager's information must be completed below PLEASE PRINT CLEARLY MAR 2 6 2010

NEBRASKA LIQUOR CONTROL COMMISSION

Gender: ■ MALE ☐ FEMALE

Last Name: White First Name: James MI: B.

Home Address (include PO Box if applicable): 8360 Katrina Lane

City: Lincoln State: NE Zip Code: 68512

Home Phone Number: 402/610-4653 Business Phone Number:

Social Security Number: Drivers License Number & State. (Nebraska)

Date Of Birth: Place Of Birth: Hastings, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

■ YES ☐ NO

Spouse's information

Spouses Last Name: White First Name: Tiffany MI: A.

Social Security Number: Drivers License Number & State: (Nebraska)

Date Of Birth: Place Of Birth: Lincoln, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
Lincoln, NE	1999	present	Lincoln, NE	1999	present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1985	1994	Firethorn Golf Club	Richard Youngscap	402/489-4934
1995	2000	North Forty	Self	402/610-4653

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

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☐ YES ☒ NO If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES,** list the name of the premise.

North Forty Golf, Inc. - business is no longer operating

■ YES ☐ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

■ YES ☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for $38.00 per person)**

■ YES ☐ NO

5. List the training and/or experience (when and where)

Date:	Where:
1985 to 1994	Firethorn Golf Club
1995 to 2000	North Forty Golf, Inc.

PERSONAL OATH AND CONSENT OF INVESTIGATION

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The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 25th day of March 2010 by

James B. White

Tina M. Scully

Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
TINA M. SCULLY
My Comm. Exp. Dec. 1, 2013

County of Lancaster

The foregoing instrument was acknowledged before me this 25th day of March 2010 by

Tiffany B. White

Tina M. Scully

Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
TINA M. SCULLY
My Comm. Exp. Dec. 1, 2013

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Signature of spouse asking for waiver
(Spouse of individual listed below)

Tiffany A. White
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

March 25, 2010
date

by Tiffany A. White
name of person acknowledged

Tina M. Scully
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
TINA M. SCULLY
My Comm. Exp. Dec. 1, 2013

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Signature of individual involved with application
(Spouse of individual listed above)

James B. White
Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

March 25, 2010
date

by James B. White
name of person acknowledged

Tina M. Scully
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
TINA M. SCULLY
My Comm. Exp. Dec. 1, 2013

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008

STATE OF NEBRASKA

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NEBRASKA LIQUOR CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

02/03/2006
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

PHS-796(VS)
REV. 4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

BIRTH No. 126 50

1. PLACE OF BIRTH a. COUNTY Adams	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Adams
b. CITY (If outside corporate limits, write RURAL) OR TOWN Hastings, Nebraska	c. CITY (If outside corporate limits, write RURAL) OR TOWN Hastings,
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) Mary Lanning Memorial Hosp.	d. STREET ADDRESS (If rural, give location) 1348 North St. Joe.,

3. CHILD'S NAME (Type or print)	a. (First) James	b. (Middle) Bert	c. (Last) White
4. SEX Male	5a. THIS BIRTH Single ☒ Twin ☐ Triplet ☐	5b. If TWIN OR TRIPLET (This child born) 1st ☐ 2nd ☐ 3rd ☐	6. DATE OF BIRTH (Month) (Day) (Year)

FATHER OF CHILD

7. FULL NAME	a. (First) Floyd	b. (Middle) Sidney	c. (Last) White	8. COLOR OR RACE White
9. AGE (At time of this birth) 30 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Grand Island, Nebraska	11a. USUAL OCCUPATION Bookkeeper & Clerk	11b. KIND OF BUSINESS OR INDUSTRY - Berts Drug Store	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First) Helene	b. (Middle) Elizabeth	c. (Last) Burchess	13. COLOR OR RACE White
14. AGE (At time of this birth) 28 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Kenesaw, Nebraska	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 1	b. How many OTHER children were born alive but are now dead? 0	c. How many children were stillborn (born dead after 20 weeks pregnancy? 0
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Helene White - Mother				

I hereby certify that this child was born alive on the date stated above at 8:45 A. *m.*	18a. SIGNATURE John A. McMillan	18b. ATTENDANT AT BIRTH M. D. ☒ Midwife ☐ Other (Specify)
	18c. ADDRESS Hastings Nebraska	19. MOTHER'S MAILING ADDRESS 1348 North St. Joe, Hastings, Nebraska
20. DATE REC'D BY LOCAL REG. 5/1/50	21. REGISTRAR'S SIGNATURE Edward L. Dier	