

# CERTIFICATE OF BIRTH

**SEAL OF BIRTH**  
**Summer**

**Bureau of Vital Statistics**

File No.—For State Registrar Only

13080

7-11-52

中

Registration District No. 4111

Registered No. 23

Town of WATERBURY

(No.

SI.: ..... Word)

City of Chicago (No. 1000 St. 1000 Ward 1000)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

**SANDHILL BLOCK**

**If child is not yet named, make supplemental report as directed**

\_\_\_\_\_

## 2 Twin or Triplet?

(5) NUMBER IN  
order of birth

(b) (5) DPP

**BIRTH**

(Name of Month) (Day) (Year)

## FATHER

**THE**

5) PRESENT  
POSTOFFICE  
OF FATHER

*Rivini*

4 / (2) ACE

(7) AGE AT LAST 39

(12) BIRTHPLACE

Journal L.C.

(:3) OCCUPATION

**Figure 1**

(20) Number of children born to mother, including present birth

17

**CERTIFICATE ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:00 A.M. (Hour A.M. or P.M.)  
on the date above stated.

(34) State whether Physician or Midwife (35) Address of Physician or Midwife

Given name added from a supplement.

(2) Witness (Signature of Witness necessary only)

WHERE (SECTION 15 IS SIGNED BY, NAME)

When there was no attending physician, the father, householder, etc., should make this return. Report is desired of stillbirths before the fourth month of pregnancy.