

Bureau of Vital Statistics  
State Board of Health

6159

City of Chicago  
(If birth occurs in a hospital or

**Registered No.**

Registered No. 28  
(For use of Local Registrar)

(For use of Local Registrar)

St.: 445 (Ward)

(2) Full Name of Child. Martha Rebecca Schroder

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

(3) BOY, OR GIRL?

**(4) Twin or Triplet?**

(5) Number in order of birth

(6) Are  
Parents  
Married?

(7) DATE OF BIRTH.

(7) DATE OF BIRTH 1-25, 1922  
(Name of Month) (Day) (Year)

**FATHER.**

# MOTHER

(B) FULL NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR  
OR  
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

**(13) OCCUPATION**

(21) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at  
on the date above stated. (Born alive or stillborn)

(23) (Signature)

(23) Signature .....  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

**(20) Witness**

.....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed

Subscribed and sworn to before me this 30 day of June, 1922. (29) Miss Julia Walliste  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

father, householder, etc., should make this return reported as stillborn. No report is desired of stillbirths 15th month of pregnancy.