

STATE OF ILLINOIS

CERTIFICATE OF BIRTH

SEAL OF THE STATE OF ILLINOIS
Bureau of Vital Statistics
State Board of Health

File No. — For State Registration
69896

County of De Kalb

Township of Lyons

Loc. Town of _____

Registration District No. 3613

Registered No. 101
(For use of Local Registrar)

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

2. Full Name of Child _____

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

1. SEX OF CHILD BOY OR GIRL	4. TWINS OR TRIPLETS? (a) _____	5. NUMBER IN ORDER OF BIRTH (b) _____	6. ARE PARENTS MARRIED? (c) _____	7. DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER'S NAME _____		MOTHER'S NAME _____		
8. PRESENT POSTOFFICE OF FATHER _____		9. PRESENT POSTOFFICE OF MOTHER _____		
10. COLOR OR RACE _____	11. AGE AT LAST BIRTHDAY (Years) _____	12. COLOR OR RACE _____	13. AGE AT LAST BIRTHDAY (Years) _____	
14. BIRTHPLACE _____		15. BIRTHPLACE _____		
16. OCCUPATION _____		17. OCCUPATION _____		
18. Number of children born to mother, including present birth _____		19. 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 _____ A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Physician

Orangeburg, S.C.

Given name added from a supplemental report

(26) Witnesses (Signatures of Witnesses necessary only when question 23 is signed by mother)

(27) Filed _____ (28) _____

Registrar

*When there was no attending physician or midwife, the father, mother, or other person present at the birth of the child breathes even once, it must not be signed by any person. For report of death, see supplemental report.