

THE UNIVERSITY OF CHICAGO PRESS

2650

Registered No.
(For use of Local Registrar)

City of

(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)

(2) BOY OR GIRL F	(4) Title or Position 1	(5) Chapter in order of birth	(6) Age Grade 1	(7) DATE OF BIRTH 2/2/23 (Month of Birth) (Day) (Year)
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FATHER.

MOTHER.

(10) **FILE NUMBER** Sam Rutherford

(10) NAME BEFORE MARRIAGE Sallie Mae

PRESENT POSTOFFICE OF FATHER Granchillo SE

(10) **CONSENT** *Amended 2152*

(10) COLOR ON PAGE 2 (11) AGE AT LAST BIRTHDAY 31

(16) COLOR OF HAIR *h* (17) AGE AT LAST BIRTHDAY *33* (Year)

(12) **BIRTHPLACE** _____

(10) DISPLACE

59

58

(15) OCCUPATION

(7) DESCRIPTION

Miss Quale

Name ref

(20) Number of children born to mother, including current birth 110

(71) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(25) I hereby certify that I attended the birth of this child, who was Alvin at 9 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Midwife

(28) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only
when question 25 is signed by mark)

Inc. 4th 23 R.R. Turbulent B.A. 14

*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 an stillborn. No report is desired of stillbirths before the fifth month of pregnancy.