

(1) STATE OF ILLINOIS

CERTIFICATE OF BIRTH

County of

STATE OF ILLINOIS

Bureau of Vital Statistics

State Board of Health

Township of

City or Town of

Registration District No.

9-A

3240

330

City of

(No.)

Date of Birth

3-1-1914

2) Full Name of Child Margaret P. Warren

(a) SEX
GIRL(b) Type
or Tagout(c) Number in
order of birth(d) Age
Months(e) Date of
Birth

FATHER

(a) FULL
NAME

Edward Warren

(b) PRESENT
RESIDENCE
OF FATHER

1000 North ...

(c) COLOR
OR
RACE

White

(iii) AGE AT LAST
BIRTHDAY

(Years)

(d) BIRTHPLACE

Illinois

(e) OCCUPATION

Farmer

(a) NAME BEFORE
MARRIAGE

Warren

(b) PRESENT
RESIDENCE
OF MOTHER

1000 North ...

(c) COLOR
OR
RACE

White

(iv) AGE AT LAST
BIRTHDAY

(Years)

(d) BIRTHPLACE

Illinois

(e) OCCUPATION

Farmer

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name of child from a supplemental
report

Mary A. ...

James B. ...

(26) Witness ...

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

(27) Filed ...

If a child breathes even once, it must not be reported as stillborn. No report is required
before the fifth month of pregnancy.