

File No. — For State Registrar Only

5147

Registration District No. 3. F. A. 2 Registered No. 7
(For use of Local Registrar)

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

2) BOY OR GIRL?

(4) Tute or Triplet? *Triplet*

5) Number in order of birth

(8) Are Parents Married? *Yes*

(7) DATE OF BIRTH July 8, 1923
(Month) (Day) (Year)

FATHER.

MOTHER.

10 FULL NAME

(14) NAME BEFORE MARRIAGE Hattie Lee Brown

8) PRESENT
POSTOFFICE
OF FATHER

(18) PRESENT POST OFFICE OF MOTHER *A. Lin Street*

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Year)

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *20*
(1 year)

12. BIRTHPLACE

(10) BIRTHPLACE

13) OCCUPATION

(10) OCCUPATION

2b) Number of children born to mother, including present birth

(21) 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... white ... at 11 ... M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(26) (Signature) [Signature] (27) Address of Physician or Midwife 1010 1st St. N. W.
(28) State whether Physician or Midwife Physician

(Given name added from a supplemental report)

(28) Witness (Signature of Witness necessary only
when question 28 is signed by mark)

When Question 12 is signed, make
 a copy of this page and return it to the
 Department of Social Services, Room 100,
 100 North Dearborn Street, Chicago, Illinois 60610.

(37) Filed 11/12/10 (2) Local Registered
should make this return.

*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.