

(1) PLACE OF BIRTH

County of Logan
Township of Logan
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF ILLINOIS
BUREAU OF VITAL RECORDS
CHICAGO, ILL.

Registration District No. 313 Registered No. 1
(For use of Local Registrar)

(2) Full Name of Child Jessie Elizabeth (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) SEX OF CHILD <u>Girl</u>	(2) TIME OF BIRTH <u>11:30</u>	(3) NUMBER OF CHILD IN ORDER OF BIRTH <u>1</u>	(4) AGE OF MOTHER <u>23</u>	(5) DATE OF BIRTH <u>Jan 16, 1923</u>
(6) FULL NAME OF FATHER <u>W. M. Brown</u>		(7) NAME BEFORE MARRIAGE <u>Lizzie Pickett</u>		
(8) PRESENT RESIDENCE OF FATHER <u>Pendleton S.C.</u>		(9) PRESENT RESIDENCE OF MOTHER <u>Pendleton S.C.</u>		
(10) COLOR OF CHILD <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(12) COLOR OF MOTHER <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>37</u>	
(14) BIRTHPLACE <u>S.C.</u>		(15) BIRTHPLACE <u>S.C.</u>		
(16) OCCUPATION <u>Teacher</u>		(17) OCCUPATION <u>Housewife</u>		
(18) Number of children born to mother, including present birth <u>6</u>		(19) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 1 A.M. on the date above stated.

(21) (Signature) Mrs. J. W. McLaister (Name of physician or midwife)
(22) State whether Physician or Midwife (How A. M. or P. M.)

Given name added from a supplemental report
.....
19.....
Registrar

(23) Witness J. W. McLaister
(Signature of Witness necessary only when question 23 is signed by mark)
(24) Filed 2/10 at Logan (25) N. L. Casey
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.