

MADE FLUENTLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth, stated.

1. PLACE OF BIRTH	Registration
County of <u>Cook</u>	Dist. No. <u>3104</u>

(Show on line below the name of place where Birth occurred; give either City (or Village) or Township (or Road District), not both.)
Chicago

Street and Number, No. Englewood Hospital

STATE OF ILLINOIS
Department of Public Health - Division of Vital Statistics
ORIGINAL

CERTIFICATE OF BIRTH

Registered No. 28613
(Consecutive No.)

2. FULL NAME OF CHILD

Patricia Van Petten

3. Sex of Child

Female

4. Twin, Triplet, or other? no
5. Number in order of birth 1
(To be answered only in the event of plural births)

6. Legitimate?

yes

7. Date of birth

July 15, 1923
(Month) (Day) (Year)

8. Full Name

Elmo Van Petten

FATHER

9. Residence

(P. O. Address) 1449 E. 71st Place

10. Color

white

11. Age at last birthday 29 Years

12. Birthplace (City or Place)

Chicago

(Name State, if in U. S.)

(Name Country, if Foreign)

13. Occupation

(Nature of Industry) Asst Sales mgr.

14. Full Maiden Name

Margaret Boland

MOTHER

15. Residence

1449 E. 71st Place

16. Color

white

17. Age at last birthday 25 years

18. Birthplace (City or Place)

Chicago

(Name State, if in U. S.)

(Name Country, if Foreign)

19. Occupation

(Nature of Industry) Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child)

(a) Born alive 2

and now living

(b) born alive 0

but now dead

(c) Stillborn 0

What treatment was given child's eyes at birth?

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3-25 M., on the date above stated.

*Where there is no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See Sec. 12, vital statistics law.

22. (Signature)

Anna Gray

(Physician or Midwife)

M. D.
Midwife

Address

7114 Normal St.

Telephone

Stew 0003

Date Certificate Signed

July 18

(Month)

1923

(Year)

24. Filed JUL 20 1923

Post Office Address

Registrar

Registrar.

GENEALOGY

PURPOSES

ONLY