

RETURN OF A BIRTH

State of Illinois, }
COOK COUNTY.

VITAL STATISTICS DEPARTMENT, COUNTY CLERK'S OFFICE.

The Physician, Accoucher or person in attendance should immediately return this Certificate, accurately filled out, to the County Clerk. Penalty, \$10.00, if not so certified and returned within thirty days.

1. * Full Name of Child (if any), *Bertha Langsam*

2. Sex, *Female* Race or Color (if not of the white race), *Lat*

3. Number of Child of this Mother, *2*

4. Date of this Birth, *January 25, 1897*

5. Place of Birth, *333 Milwaukee*

6. Residence of Mother, " " " " " "

7. Nationality, *German*

a. Father, " " " " " "

b. Mother, *Bertha Langsam*

8. Full Name of Mother, *Bertha Langsam*

9. Maiden Name of Mother, *Langsam*

10. Full Name of Father, *Bertha Langsam*

11. Occupation of Father, *Merchant*

12. Name and address of other Attendants, if any, *Josephine Moore*

Dated, *29 January* 18 *97*

Returned by *M.D. Matusz*

Residence, *St. Joseph's Hospital, Lake Park, Ill.*

* The given name of child should be certified, if possible, when this Certificate is made, and should, in any case, be certified and registered within a year. † City, number, street and ward; same in towns that have them; township or precinct.