

# RETURN OF A BIRTH.

4862

**State of Illinois,**  
**COOK COUNTY.**

The Physician, Accoucheur, 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.

## STATE BOARD OF HEALTH.

1. \*Full Name of Child (if any) \_\_\_\_\_
  2. Sex Male Race or Color (if not of the white race) white
  3. Number of Child of this Mother 9<sup>th</sup>
  4. Date of this Birth 24 April 1881
  5. †Place of Birth. No. 118 S. Desplains Street 9 Ward.
  6. Residence of Mother. " " " "
  7.
 

Nationality:	Place of Birth:	Age of:
a. Father _____	<u>Germany</u>	<u>41</u>
b. Mother _____	<u>England</u>	<u>33</u>
  8. Full Name of Mother Mary A Vent
  9. Maiden Name of Mother " McCarty
  10. Full Name of Father William Vent
  11. Occupation of " Sailor
  12. Name and address of other Attendants, if any \_\_\_\_\_
- Returned by J. J. Clark } M. D.
- Residence 168 S. Halsted } Midwife.
- Dated \_\_\_\_\_ 1881.

\*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.