

CERTIFIED COPY OF A BIRTH RECORD

Based on 1949 Revision of U. S. Standard Certificate

CERTIFICATE OF BIRTH

STATE OF ILLINOIS

CHILD'S BIRTH NUMBER

Reg. Dist. No. 3107
Registered No. 4298

112-

PLACE OF BIRTH 1a. COUNTY <u>Cook</u> ILLINOIS. 1b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Evanston</u> 1c. STREET (If rural, give location. If in hospital or institution, give name.) ADDRESS <u>Evanston Hospital</u>		USUAL RESIDENCE OF MOTHER (Where does mother live?) 2a. STATE <u>Illinois</u> 2b. COUNTY <u>Cook</u> 2c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Northbrook</u> 2d. STREET (If rural, give location) ADDRESS <u>2406 Illinois Road</u>	
3. CHILD'S NAME a. (First) <u>JO</u> b. (Middle) <u>ANN</u> c. (Last) <u>WIEMERS</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Year) <u>December</u> <u>15</u> <u>1951</u>
FATHER 7. FULL NAME OF FATHER a. (First) <u>William</u> b. (Middle) <u>Bernard</u> c. (Last) <u>Wiemers</u> 9. HIS AGE (At time of this birth) <u>27</u> YEARS 10. HIS BIRTHPLACE <u>Illinois</u> 11a. HIS USUAL OCCUPATION <u>Salesman</u>		8. COLOR OR RACE <u>white</u> 11b. BUSINESS OR INDUSTRY <u>Radio & Tel. Repre.</u>	
MOTHER 12. FULL MAIDEN NAME a. (First) <u>Marguerite</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Rich</u> 14. HER AGE (At time of this birth) <u>26</u> YEARS 15. HER BIRTHPLACE <u>Illinois</u>		13. COLOR OR RACE <u>white</u> 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. OTHER children now living? <u>two</u> b. OTHER children born alive but now dead? <u>none</u> c. Children stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. I hereby certify that I attended at the birth of this child which was BORN ALIVE at <u>6:33A</u> M. on the date stated above. Signed <u>William J. Blackwell</u> <u>636 Church Street</u> Address: <u>Evanston, Illinois</u>			
Mother's mailing address for registration notice: <u>2406 Illinois Road</u> <u>Northbrook, Illinois</u>		RECEIVED FOR FILING ON: <u>December 20</u> <u>19 51</u> Signed: _____ SUB REGISTRAR _____ DEPUTY REGISTRAR LOCAL REGISTRAR: <u>W.H. Tucker, M.D.</u> Address: <u>box 870, Evanston</u> ILLINOIS.	
INFORMANT: <u>Evanston Hospital Records</u> <u>per Kathe Allen</u>			

ILLINOIS DEPARTMENT OF PUBLIC HEALTH — BUREAU OF STATISTICS

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the birth record for the child named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE September 8, 1955

SIGNED W.H. Tucker, M.D.

AT Evanston, Illinois.

OFFICIAL TITLE Local Registrar

The original record of this birth is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a birth record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.