

CERTIFIED COPY OF A BIRTH RECORD

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH		Registration	
County of <u>Cook</u>		Dist. No. <u>3107</u>	
Evanston <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> *Township *Road Dist. *Village *City </div>		Primary Dist. No. <u>3107</u>	
*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. Address.)			
Street and Number, No. _____		St. _____ Ward _____	
2. RESIDENCE OF MOTHER: (a) STATE <u>Illinois</u>		(b) County <u>Cook</u>	
(usual place of abode)—Do not enter "R. R.," "R. F. D.," or other P. O. Address.		(c) City or Village <u>Chicago</u>	
(d) Township _____		(e) Road Dist. _____	
3. FULL NAME OF CHILD		4. Date of birth	
WINIFRED NEVADA TILLEY		March 15, 19 <u>23</u> (Month, day, year)	
5. Sex of Child	6. Twin, Triplet or other? _____ of birth _____ (To be answered only in the event of plural births)	7. Number months of pregnancy <u>9</u>	8. Legitimate? Yes <u>yes</u> No _____
<u>Female</u>			
9. Full name FATHER <u>Milton Popple Tilley</u>		15. Full maiden name MOTHER <u>Winifred Lulu Holly</u>	
10. Color or race <u>white</u>	11. Age at time of this birth <u>41</u> yrs.	16. Color or race <u>white</u>	17. Age at time of this birth <u>33</u> yrs.
12. Birthplace (city or place) <u>New Port, Rhode Island</u> (State or country)		18. Birthplace (city or place) <u>Port Chester</u> (State or country) <u>New York</u>	
OCCUPATION	13. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. <u>General Manager</u>	OCCUPATION	19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Wife</u>
	14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Bowie Lydon Co.</u>		20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
21. (a) Including this child, number of children born alive to this mother? <u>two</u>		22. Mother's mailing address for registration notice: <u>1345 Kenilworth Avenue</u> <u>Chicago, Illinois</u>	
(b) Including this child, how many of these children are now living? <u>two</u>			
(c) How many were born dead to this mother, i.e., Stillborn? <u>none</u>			
What treatment was given child's eyes at birth? <u>Argyrol 20%</u>			
23. (a) Was a blood test for Syphilis made upon the mother of this child? _____		(b) Date blood specimen was taken _____	
NOTE: Result of the test must not be stated on this certificate.			
24. I hereby certify that I attended at the birth of this child which was BORN ALIVE at <u>11:42A</u> on the date stated above.			
Date signed <u>March 15, 1923</u>		Signature <u>W. G. Allen</u> Physician	
Address <u>Chicago, Illinois</u>		Phone _____	
25. Date Filed <u>April 1, 1923</u>		26. Signature <u>C. T. Roome</u> Registrar	
Post Office Address _____		<u>Evanston, Illinois</u>	

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 March 23, 1956 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.