

RETURN OF A BIRTH. 382/9

STATE OF ILLINOIS,)

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 30 days.

Cook COUNTY.)

STATE BOARD OF HEALTH.

1. Full Name of Child (if any)*
2. Sex Male No. of Child of this Mother, 2nd
3. Race or Color (if not of the white race),
4. Date of Birth, Oct-25th 1887. Place of Birth, 204 Fulton St
5. Nationality, Place of Birth and Age of each Parent.
 Father—Nationality, German Place of Birth, Germany Age, 28 years.
 Mother—Nationality, " Place of Birth, " Age, 26 years.
6. Full Name of Mother, Katie Steil
 Maiden Name of Mother, Eckles Mother's Residence, 204 Fulton St
7. Full Name of Father, George Steil
8. Father's Occupation, Cabinet Maker
9. Name of Medical or other Attendant and Address,

Returned by John M. Leon M. D.
 Dated at Pullman Oct-31st 1887. Residence, Pullman

*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.