

1. PLACE OF BIRTH

County of **COOK**

City of **CHICAGO**

Registration Dist. No. **3104**

Primary Dist. No. \_\_\_\_\_

STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH Division of Vital Statistics

HEALTH DEPARTMENT'S RECORD CITY OF CHICAGO

Certificate of Birth

Registered No. **46839** St.; Ward **46839**

† No. **1854 W Erie**  
**LA LEVATRICE HA DIMENTICATO DI INDICARE IL NOME DELLA NEONATA THERESA ROSE CARR**

2. FULL NAME OF CHILD

3. Sex of Child **Female**

4. Twin, triplets, or other? (To be answered only in event of plural births)

Number in order of birth

5. Date of birth

**March 11 1919**  
(Month) (Day) (Year)

If child is not yet named, make supplemental report, as directed.

FATHER

MOTHER

6. FULL NAME

**Domènec Carr**

12. FULL MAIDEN NAME

**Mary**

7. RESIDENCE

**1854 W Erie St**

13. RESIDENCE

**1854 W. Erie St**

8. COLOR

**White**

9. AGE AT LAST BIRTHDAY

**30** Years

14. COLOR

**W**

15. AGE AT LAST BIRTHDAY

**25** Years

10. BIRTHPLACE (State or Country)

**Italy**

16. BIRTHPLACE (State or Country)

**Chicago**

11. OCCUPATION

**Blacksmith**

17. OCCUPATION

**Housewife**

18. Number of children born to this mother, including present birth

19. Number of children of this mother now living

20. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at **10** M., on the date above stated.

\* When there was no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See Sec. 12 of vital statistics law.

21. (Signature)

**Lena Bertschinger** Ni. D. Midwife

(Physician or Midwife)

Address

**1010 N. Robey St**

Telephone

**1330**

22. Give name added from a supplemental report \_\_\_\_\_, 19\_\_\_\_

23. Filed

**FEB 28 1921**

19\_\_\_\_

Registrar

Registrar

† If birth occurred in hospital or institution, give its name instead of street and number.