

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 \_\_\_\_\_

2. FULL NAME OF CHILD

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

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

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 1921**  
(Month) (Day) (Year)

6. FULL NAME **FATHER**  
**Domènec Carr**

12. FULL MAIDEN NAME **MOTHER**  
**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 **4**

19. Number of children of this mother now living **4**

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** Registrar **H. J. Heckard**

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