Certified Copy of a Birth Record

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS AND RECORDS

CERTIFICATE OF BIRTH

Registered No. 2094 (Consecutive No.)

1. PLACE OF BIRTH — Registration
County of: Washington — Dist. No.:
Oakdale — *Township / *Road Dist. / *Village / *City — Primary Dist. No.:
*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. Address.)
Name of hospital or institution:
Mother's stay before delivery: In hosp. or inst.: In this community:
(Specify whether years, months, or days)
Street and Number, No.: St.: Ward.

2. RESIDENCE OF MOTHER: (a) STATE: (b) County: (c) City or Village:
(usual place of abode)—Do not enter "R. R.," "R. F. D.," or other P. O. Address.
(d) Township: (e) Road Dist.:

3. FULL NAME OF CHILD: May Belle Kemps

4. Date of birth: June 14, 1881 (Month, day, year) xx

5. Sex of Child: Female

6. Twin, Triplet or other? Number in order of birth: (To be answered only in the event of plural births)

7. Number months of pregnancy:

8. Legitimate? Yes: No:

FATHER	MOTHER
9. Full name: Samuel H. Kemps	15. Full maiden name: Clara R. McClurkin
10. Color or race: white	16. Color or race: White
11. Age at time of this birth: 39 yrs.	17. Age at time of this birth: 32 yrs.
12. Birthplace (city or place) (State or country): Philadelphia, Pa.	18. Birthplace (city or place) (State or country): Washington Co., Ills.
OCCUPATION 13. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc.: Farmer	OCCUPATION 19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.:
14. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	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? 5
(b) Including this child, how many of these children are now living?
(c) How many were born dead to this mother, i.e., Stillborn?

22. Mother's mailing address for registration notice:

23. What treatment was given child's eyes at birth?

24. (a) Was a blood test for Syphilis made upon the mother of this child?
(b) Date blood specimen was taken:
(c) Name of Laboratory making this test:
NOTE: Result of the test must not be stated on this certificate.

25. I hereby certify that I attended at the birth of this child which was BORN ALIVE at M. on the date stated above.
Signature: Mrs. S. R. Auld — XXXXXX Physician / Midwife
Date signed: Address: Oakdale, Ills. Phone:

26. Date Filed: June 16, 1881 — 28. Signature: Mrs. S. R. Auld — Registrar
Post Office Address:

No recording date shown, but it appears to have been recorded at the time of birth.

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 Vital Records Act.

DATE December 8, 1986 ***SIGNED*** Virgil Mayo

AT Nashville, ***Illinois.*** ***OFFICIAL TITLE*** County Clerk

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.

VR-101 OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

(1946 Revision of VS-30A)
Use this form for births filed prior to 1950