

Form V. S. No. 30-A

1940 REVISION

(A19433-20M-4-40)

CERTIFIED COPY OF A RECORD OF BIRTH

I HEREBY CERTIFY that the attached is a true and correct copy of the record of birth of

Jennie Bell Hughes

as made from the original certificate of such birth now on file in this office in accordance with the law requiring reports of births, stillbirths and deaths in Illinois.

Signed: *Will Williams*

County Clerk,
Effingham, Illinois.

Date: August 3rd, 1940.

STATE OF ILLINOIS ORIGINAL
HENRY HORNER, Governor
Department of Public Health—Division of Vital Statistics

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH	Registration
County of <u>Effingham</u>	Dist. No. _____
<u>Effingham</u> ^(Township) ^(Road Dist.) ^(Village) ^(City)	Primary
*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. Address). Dist. No. _____	
Street and Number, No. _____	St. _____ Ward. _____

2. RESIDENCE OF MOTHER: (a) STATE Illinois. (b) County Effingham. (c) City or Village Effingham
(d) Township _____ (e) Road Dist. _____

3. FULL NAME OF CHILD Jennie Bell Hughes

4. Date of birth July 20, 1892
(Month, day, year) 1911

5. Sex of Child <u>Female</u>	6. Twin, Triplet or other? Number in order of birth <u>7</u> (To be answered only in the event of plural births)	7. Number months of pregnancy _____	8. Legitimate? Yes <u>Yes</u> No _____
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9. Full name FATHER Joseph Hughes

15. Full maiden name MOTHER Ada McCain

10. Color or race White

11. Age at time of this birth 36 yrs.

16. Color or race White

17. Age at time of this birth 34 yrs.

12. Birthplace (city or place) (State or country) Illinois

18. Birthplace (city or place) (State or country) Illinois

OCCUPATION 13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bridge

OCCUPATION 19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

OCCUPATION 14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter

OCCUPATION 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? 7
(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:
Effingham, Illinois.

What treatment was given child's eyes at birth? _____

23. (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.

24. I hereby certify that I attended at the birth of this child which was BORN ALIVE at _____ M. on the date stated above.
Signature S. Clark Physician

Date signed _____ Address Effingham, Illinois. Phone _____
25. Date Filed July 1892 26. Signature County Clerk. Registrar

Post Office Address Effingham