

MARGIN RESERVED FOR BINDING. Write plainly with Unfading Ink.—This is a Permanent Record. Record. Local Registrars must make on this form a complete and accurate copy of the original Certificate and forward this copy to County Clerk on 10th day of each month. Omissions or abbreviations must not be made. Local Registrars MUST NOT issue this form to Physicians, Midwives or others, but must use only to preparing County (or Local Registrar's) Copies. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. In case of Plural Births, Local Registrars will note here the Registered No. of Certificates of "Mates" and show whether Births or Stillbirths.

(18-550-50X)-7-24-7

1. PLACE OF BIRTH County of <u>MACON</u> Registration Dist. No. <u>578</u>		STATE OF ILLINOIS Department of Public Health - Division of VITAL STATISTICS		COUNTY CLERK'S RECORD
(Show on line below the name of place where Birth occurred; give either City (or Village) or Township (or Road District), not both.) Township, or Road District, or Village, or City, of <u>Decatur</u>			Primary Dist. No. <u>34-26</u>	CERTIFICATE OF BIRTH Registered No. <u>789</u> (Consecutive No.)
Street and Number, No. <u>1718 N. Gullick St.</u>			Ward, _____	Hospital _____
2. FULL NAME OF CHILD <u>Catherine Marie Rhodes</u> (If birth occurred in hospital or institution, give its name instead of street and number) If child is not yet named, make supplemental report, as directed				
3. Sex of Child <u>Female</u>	4. Twin, triplet, or other? (To be answered only in event of plural births)	5. Number in order of birth	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Sept 3</u> , 19 <u>25</u> (Month) (Day) (Year)
8. FULL NAME FATHER <u>William Rhodes</u>		14. FULL MAIDEN NAME MOTHER <u>Fannie Hughes</u>		
9. RESIDENCE (P. O. Address) <u>Decatur Ill</u>		15. RESIDENCE (P. O. Address) <u>Decatur Ill</u>		
10. COLOR <u>W</u>	11. Age at last Birthday <u>46</u> Years	16. COLOR <u>W</u>	17. Age at last Birthday <u>33</u> Years	
12. BIRTHPLACE (City or Place) <u>Effingham Ill</u> (Name State if in U. S.) (Name Country, if Foreign)		18. BIRTHPLACE (City or Place) <u>Effingham Ill</u> (Name State if in U. S.) (Name Country, if Foreign)		
13. OCCUPATION <u>Moulder Ship</u> (Nature of Industry)		19. OCCUPATION <u>At Home</u> (Nature of Industry)		
20. NUMBER OF CHILDREN OF THIS MOTHER (Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		
21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
I hereby certify that I attended the birth of this child, who was born alive at <u>500 P</u> M., on the date above stated. (*When there is no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See Sec. 12 vital statistics law.)				
22. [Signature] <u>C. Martini Wood</u> M. D. Midwife		Address <u>432 S Union</u> Telephone <u>682 M</u>		
23. Given name added from a supplemental report		Date Certificate Signed <u>Sept 3</u> , 19 <u>25</u> (Month) (Day) (Year)		
24. Filed <u>Sept 5</u> , 19 <u>25</u> <u>W. M. Tangney</u> Registrar		Post Office Address <u>Decatur Ill</u>		

V. S. N. 3

STATE OF ILLINOIS)
COUNTY OF MACON)

I, WILLIAM M. TANGNEY, COUNTY CLERK within and for said County and State aforesaid and keeper of the records hereby certify that this is a true photo copy of the record on file in this office. IN TESTIMONY THEREOF I have hereunto subscribed my name, affixed the OFFICIAL SEAL OF SAID COUNTY, at my office in DECATUR, ILLINOIS this 24 day of JULY, A.D., 1990.

NOT VALID UNLESS SEAL OF COUNTY AFFIXED.

William M. Tangney
MACON COUNTY CLERK