

ORIGINAL STATE OF ILLINOIS CERTIFICATE OF LIVE BIRTH

REGISTRATION DISTRICT NO. 1635
REGISTERED NUMBER 595
112- 102719

VS & R 100 (2055 revision) based on the U.S. Standard Certificate of Live Birth

STAR. VIN or TRIPLET registered number, male, stillborn

NOS.

NOS.

FATHER

MOTHER

1. PLACE OF BIRTH a. COUNTY <u>COOK</u> COUNTY, ILLINOIS		2. USUAL RESIDENCE OF MOTHER a. STATE <u>ILLINOIS</u> b. COUNTY <u>COOK</u>	
b. Birth took place <input type="checkbox"/> OUTSIDE city limits and in <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named of 2d		Residence is <input type="checkbox"/> OUTSIDE city limits and in <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named of 2d	
c. CITY, VILLAGE, OR TOWN <u>MELROSE PARK</u>		d. CITY, VILLAGE, OR TOWN <u>NORTH RIVERSIDE</u>	
e. NAME OF HOSPITAL OR INSTITUTION <u>WESTLAKE HOSP</u>		f. STREET ADDRESS <u>2249 S. 18TH</u>	
3. CHILD'S NAME a. (FIRST) <u>CHARLES</u> b. (MIDDLE) <u>EDWARD</u> c. (LAST) <u>HNOJSKY</u>		4. SEX <u>MALE</u>	
5a. THIS BIRTH was SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET, was this child born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
6. DATE OF BIRTH HOUR MONTH DAY YEAR <u>11:25 PM. 9 29 58</u>		7. FATHER'S FULL NAME a. (FIRST) <u>JOSEPH</u> b. (MIDDLE) <u>FRANCIS</u> c. (LAST) <u>HNOJSKY</u>	
8. HIS RACE <u>WHITE</u>		9. HIS AGE <u>45 YEARS</u>	
10. HIS BIRTHPLACE (City and State or Country) <u>CHICAGO ILL</u>		11a. HIS USUAL OCCUPATION <u>ELECTRICIAN</u>	
11b. KIND OF BUSINESS OR INDUSTRY <u>LYONS BROS ETC</u>		12. MOTHER'S FULL MAIDEN NAME a. (FIRST) <u>BETTY</u> c. (LAST) <u>KRETZ</u>	
13. HER RACE <u>WHITE</u>		14. HER AGE <u>40 YEARS</u>	
15. HER BIRTHPLACE (City and State or Country) <u>BROOKLYN NY</u>		16. CHILDREN PREVIOUSLY BORN TO MOTHER (Do NOT include THIS child) a. How many OTHER children are NOW ALIVE? <u>2</u> b. How many OTHER children were born alive but are NOW DEAD? <u>0</u> c. How many were STILLBORN, i.e., delivered dead after twenty weeks' pregnancy? <u>0</u>	
17. MOTHER'S MAILING ADDRESS <u>SAME AS ABOVE</u>		18. INFORMANT <u>Betty Hnojsky</u>	
19. I hereby certify that this child was born alive at the place and on the hour and date stated above. I further certify that I attended the mother in this birth.			
SIGNED: <u>[Signature]</u>		M. D. ADDRESS: <u>57 Broadway</u>	
DATE: <u>9/20/58</u>		OTHER (Profession) PHONE NO: <u>213-0855</u>	
20. Received for filing on <u>10-6-58</u> (Signed) <u>[Signature]</u>		LOCAL REGISTRAR	

FILL IN THIS FORM WITH TYPEWRITER OR LEGIBLE PRINTING

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 statutes relating to the registration of births, stillbirths and deaths.

DATE 6-8-60 SIGNED [Signature]
AT Melrose Park, Illinois OFFICIAL TITLE Registrar

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 carbon copies from copies of the original record. The Illinois statutes provide that the certificate 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.