

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

93039902

141

27492

1. PLACE OF BIRTH Registration
County of Edgar Dist. No. 237

STATE OF ILLINOIS
Department of Public Health - Division of Vital Statistics
ORIGINAL

Township Falbridge
Road Dist.
Village
City
Primary Dist. No. 6424

CERTIFICATE OF BIRTH

Registered No. 6
(Consecutive No.)

Street and Number, No. Ward Hospital

FULL NAME OF CHILD ROBERT C. BROOKS (If birth occurred in hospital or institution, give its name instead of street and number.)
Edward Freeman (If child is not yet named, make supplemental report, as directed.)

Sex of Child Male 14. Twin, Triplet, or other? No 5. Number in order of birth 1 6. Legitimate? Yes 7. Date of Birth March 5, 1928
(To be answered only in case of plural births) (Month) (Day) (Year)

FATHER Name Perry Freeman 14. Full Maiden Name Mary Holdaway

Residence (P. O. Address) Sandford Ind. 15. Residence (P. O. Address) Sandford Ind.

Color white 11. Age at last birthday 27 years 16. Color white 17. Age at last birthday 21 years

Birthplace (City or Place) Illinois 18. Birthplace (City or Place) Indiana
(Name State, if in U. S.) (Name State, if in U. S.)

Name Country, if Foreign 19. Occupation (Nature of Industry) at home

Occupation (Nature of Industry) farmer
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 0 (b) Born alive but now dead 0 (c) Stillborn 0

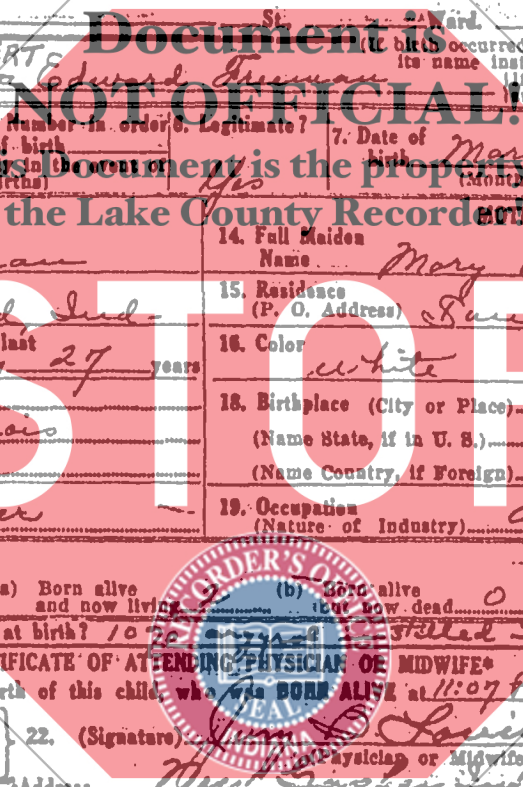
What treatment was given child's eyes at birth? 10 to 20 drops of sterile -

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child who was BORN ALIVE at 11:07 P. M. on the date above. Where there is no attending physician or midwife, then the father, mother, grandfather, etc., shall make this return. (Sec. 12, vital statistics law.)

22. (Signature) John S. Perry
Address West Sandford Ind. Telephone
Date Certificate Signed March 7, 1928
(Month) (Day) (Year)

24. Filed Mar 9 1928 S. L. Perry
Post Office Address Vermilion Ill

Given name added from a supplemental report
(Month) (Day) (Year) 19
Registrar.



AMENDED JUN 21 2 17 PM '93

STATE OF INDIANA'S S.N.O. LAKE COUNTY FILED FOR RECORD

012111

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED

JUN 16 1993

Steven L. Perry
STEVEN L. PERRY
DEPUTY STATE REGISTRAR

