BINDING. Write Plainly with Unfading Ink.—This is a Permanent Record.
NOTE: Local Registrar must make on this form a complete and accurate record of the Original Certificate, and forward this copy to Clerk on 10th day of each month. Omissions or alterations must not be made.

Local Registrars MUST NOT issue this form to Physicians, Midwives or others, but must use it only for preparing County Clerk's (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 Nos. of Certificates of "Mates" and show whether Births or Stillbirths:.....

MARGIN RESERVED FOR LOCAL REGISTRAR'S USE

V. S. No. 3

(50120-100M-5-26) 2

STATE OF ILLINOIS
Department of Public Health — Division of VITAL STATISTICS

COUNTY CLERK'S RECORD

CERTIFICATE OF BIRTH

Registered No. 1085 (Consecutive No.)

1. PLACE OF BIRTH — Registration Dist. No. 817

County of Sangamon

Springfield { *Township / *Road Dist. / *Village / *City } Primary Dist. No. 3615

*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address).

Street and Number, No. ....., ... St., ... Ward, Springfield Hospital
(If birth occurred in hospital or institution, give its name instead of street and number).

2. FULL NAME OF CHILD Ralph Mervin Monts { If child is not yet named, make supplemental report, as directed

3. Sex of Child	†4. Twin, triplet, or other? (To be answered only in the event of plural births)	5. Number in order of birth	6. Legitimate?	7. Date of birth (Month) (Day) (Year)
Male			Yes	Oct., 28, 1926

FATHER	MOTHER
8. FULL NAME Myearl Monts	**14. FULL MAIDEN NAME** Ethel Barnes
9. RESIDENCE (P. O. Address) 1025½ S. Spring St.	**15. RESIDENCE** (P. O. Address) 1025½ S. Spring St.
10. COLOR White **11. Age at last Birthday** 23 Years	**16. COLOR** White **17. Age at last Birthday** 23 Years
12. BIRTHPLACE (City or Place) ..... (Name State if in U. S.) Minnesota (Name Country, if Foreign)	**18. BIRTHPLACE (City or Place)** ..... (Name State if in U. S.) Minnesota (Name Country, if Foreign) .....
13. OCCUPATION ..... (Nature of Industry) Mechanic	**19. OCCUPATION** ..... (Nature of Industry) Housewife

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 1 (b) Born alive but now dead 0 (c) Stillborn 0

WHAT TREATMENT WAS GIVEN CHILD'S EYES AT BIRTH? Crede

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6.30 p. 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] Thos. W. Priest M. D. / Midwife (Physician or ~~Midwife~~)

Address Springfield, Illinois Telephone M.662

Date Certificate Signed ..... (Month) ..... (Day), 19..... (Year)

23. Given name added from a supplemental report

....., 19..... (Month) (Day) (Year)

..... Registrar.

24. Filed Nov. 3, 19.26 Lloyd H. Davis Registrar

Post Office Address .....

2 Co. Clk. Form No. 48

STATE OF ILLINOIS } ss.
County of Sangamon

I, Gary A. Tumulty, Clerk of said County, in the State aforesaid, do hereby certify the foregoing to be a true, perfect and complete copy of

Certificate of Ralph Mervin Monts

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said County, at my office in Springfield, this 4th day of December A. D. 1926.

Gary A. Tumulty Clerk.