

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Stanley T. Kusper, Jr.
County Clerk

**ORIGINAL STATE OF ILLINOIS
CERTIFICATE OF LIVE BIRTH**

REGISTRATION DISTRICT NO. **16.31**
REGISTERED NUMBER **668**

CHILD'S BIRTH NUMBER
112-60-045316

1. PLACE OF BIRTH a. COUNTY Cook COUNTY, ILLINOIS		2. USUAL RESIDENCE OF MOTHER a. STATE Illinois		b. COUNTY Cook	
b. Birth took place <input type="checkbox"/> OUTSIDE city limits and in..... TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2c.		c. Residence is <input type="checkbox"/> OUTSIDE city limits and in..... TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.			
c. CITY, VILLAGE, OR TOWN Blue Island		d. MOTHER'S LENGTH OF STAY IN 1b or 1c. 30 minutes		d. CITY, VILLAGE, OR TOWN Dolton	
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) St. Franc's Hospital		f. STREET ADDRESS 13819 Forest		g. LENGTH of RESIDENCE AT 2c or 2d 2 years	
3. CHILD'S NAME a. (FIRST) Craig		b. (MIDDLE) Philip		c. (LAST) Schmidt	
4. SEX Male		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) 6:25 P.M. May 25, 1960		7. FATHER'S FULL NAME a. (FIRST) Philip		b. (MIDDLE) Wayne	
c. (LAST) Schmidt		8. HIS RACE White			
9. HIS AGE 22 YEARS		10. HIS BIRTHPLACE (City and State or Country) Dolton, Illinois		11a. HIS USUAL OCCUPATION Draftsman	
11b. KIND OF BUSINESS OR INDUSTRY Steel Co.		12. MOTHER'S FULL NAME a. (FIRST) Adele		b. (LAST) Ritsema	
13. HER RACE White		14. HER AGE 21 YEARS		15. HER BIRTHPLACE (City and State or Country) Harvey, Illinois	
17. MOTHER'S MAILING ADDRESS 13819 Forest		16. CHILDREN PREVIOUSLY BORN TO MOTHER (Do NOT include THIS child) a. How many OTHER children are NOW LIVING? 1		b. How many OTHER children were born alive but are NOW DEAD? 0	
		c. How many were STILL-BORN, i.e., delivered dead after twenty weeks' pregnancy? 0		18. INFORMANT Adele Schmidt	

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: *St. S. Espinosa* M. D. ADDRESS: *13820 Lincoln Ave Dolton Ill.*
DATE: *May 27th - 60* MIDWIFE OTHER (specify) PHONE NO: *VE 92400*
20. Received for filing on **MAY 27 1960** (Signed) *Paul Jones Blue Island Ill.* LOCAL REGISTRAR

FILL IN THIS FORM WITH TYPEWRITER OR LEGIBLE PRINTING

VS & R 100 (1955 revision) for use in U.S. Standard Certificate of Live Birth

1a. TRIPLET latered number, stillborn

OS.

MS.