

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

ORIGINAL STATE OF ILLINOIS
CERTIFICATE OF LIVE BIRTH

REGISTRATION DISTRICT NO. 60.3
REGISTERED NUMBER 1763

CHILD'S BIRTH NUMBER

112-59-110916

1. PLACE OF BIRTH a. COUNTY Madison COUNTY, ILLINOIS		2. USUAL RESIDENCE OF MOTHER a. STATE Illinois b. COUNTY Madison	
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 7c. TOWNSHIP.		c. Residence is <input checked="" type="checkbox"/> OUTSIDE city limits and in <input type="checkbox"/> INSIDE city limits and in the city, village, or town named of 2d. WoodRiver TOWNSHIP.	
c. CITY, VILLAGE, OR TOWN Alton		d. MOTHER'S LENGTH OF STAY IN 1b or 1c. 18 hrs.	3. CITY, VILLAGE, OR TOWN Alton
e. NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital (If not in hospital or institution, give street address)		f. STREET ADDRESS 3627 Thomas Ave.	
3. CHILD'S NAME a. (FIRST) Allen b. (MIDDLE) Dale c. (LAST) Hurst		4. SEX Male	
5a. THIS BIRTH was SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		5b. IF TWIN OR TRIPLET, was this child 6. DATE OF BIRTH 1:54 P. M., 10 9 59	
7. FATHER'S FULL NAME a. (FIRST) David b. (MIDDLE) Lawrence c. (LAST) Hurst		8. HIS RACE White	
9. HIS AGE 28 YEARS	10. HIS BIRTHPLACE (City and State or Country) Bonne Terre, Missouri	11a. HIS USUAL OCCUPATION Elec. Mach.	11b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft
12. MOTHER'S FULL MAIDEN NAME Linda Faye House		13. HER RACE White	
14. HER AGE 21 YEARS	15. HER BIRTHPLACE (City and State or Country) Bonne Terre, Missouri	16. CHILDREN PREVIOUSLY BORN TO MOTHER (Do NOT include THIS child) a. How many OTHER children are NOW LIVING? 2 b. How many OTHER children were born alive but are NOW DEAD? 0 c. How many were STILLBORN, i.e., delivered dead after twenty weeks' pregnancy? 0	
17. MOTHER'S MAILING ADDRESS 3627 Thomas Ave. Alton, Illinois		18. INFORMANT Mrs. David J. Hurst	
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 Robert J. Allen M. D. DATE		ADDRESS 604 A East Broadway Alton, Ill. PHONE NO. No 5-7708	
20. Received for filing on OCT 19 1959		(Signed) Paul A. Price City Hall, Alton, Ill. LOCAL REGISTRAR	

U.S. Standard Certificate of Live Birth

FATHER

MOTHER

CALL IN THIS FORM WITH TYPEWRITER OR LEGIBLE PRINTING

407331

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

JAN 18 2007

Eric E. Whitaker M.D.

ERIC E. WHITAKER, M.D.
STATE REGISTRAR

