

# GENEALOGY PURPOSES ONLY

The physician, midwife (when in attendance), parent or householder should immediately send this certificate, accurately filled out WITH UNFADING INK, to the COMMISSIONER OF HEALTH. Penalty for not making report within 30 days, fine of \$10 to \$100, or imprisonment in jail for 30 days or both.

1628 ✓

## BUREAU OF VITAL STATISTICS. DEPARTMENT OF HEALTH; CITY OF CHICAGO. \* REPORT OF BIRTH.

1628 ✓

† Name of Child \_\_\_\_\_

Sex Female Color or Race White Date of Birth October 16 1904, at 6 A.M.

Place of Birth 545 School St. Ward 26

Residence of Mother 545 School St.

Full name of Mother Maxhilda Beuchin Age 25 years

Maiden name of Mother Maxhilda Rosentrotter

Birthplace (Country or State) of Mother Germany

Number of previous Children of Mother None How many now living (in all) One

Full name of Father Otto F. Beuchin Age 29 years

Occupation Bookkeeper

Birthplace (Country or State) of Father Germany

Reported by S. F. Schambo M. D. [Signature]

Residence 183 W. Division St. No. 1070

Date of Return November 16<sup>th</sup> 1904

\* Still-Births should be reported on a separate blank form.  
† The baptismal or Christian name of child should be certified if possible, when this certificate is made, and should, in any case, be reported to the Commissioner of Health within a year.