

CITY OF CHICAGO --- Board of Health

OFFICE OF THE PRESIDENT, BOARD OF HEALTH

REVISION
S. No. 1
(29631—
Bks—5-37)

ORIGINAL

STATE OF ILLINOIS
HENRY HORNER, Governor
Department of Public Health—Division of Vital Statistics

1. PLACE OF BIRTH	Registration
County of <u>Cook</u>	3104
Chicago	} Primary 3104 Dist. No.
* (Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. Address.)	
Street and Number, No.	St.

CERTIFICATE OF BIRTH

Registered No. 55614
D. S. Lake View Hospital (Consecutive No.)
(If birth occurred in hospital or institution, give its name instead of street and number.)

1a. RESIDENCE OF MOTHER: STATE Cook County Township Road Dist.
(usual place of abode)
City or Village Chicago Street and Number 1155 Belmont Avenue

2. FULL NAME OF CHILD (Print) Anna Edith Mathilda Johnson (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	4. Twin, Triplet or other? (To be answered only in the event of plural births)	5. Number in order of birth	6. Premature Full term <input checked="" type="checkbox"/>	7. Legitimate? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8. Date of birth <u>April 2, 1914</u> (Month, day, year)
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9. Full name FATHER John Emil Johnson

10. Residence (usual place of abode) 1155 Belmont Avenue Chicago, Illinois
(P. O. address)
(If nonresident, give place and State)

16. Full maiden name MOTHER Anna Sofia Carlson

17. P. O. Address: 1155 Belmont Avenue Chicago Illinois
Street and number
City or Village
State

11. Color or race Caucasian 12. Age at last birthday 42 (Years)

18. Color or race Caucasian 19. Age at last birthday 40 (Years)

13. Birthplace (city or place) Hjelmservd Sweden
(State or country)

20. Birthplace (city or place) Gillberga Sweden
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Butcher shop

OCCUPATION 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

23. (a) Including this child, how many children born alive to this mother? one (b) How many of these children are now alive? one (c) How many still-births has she had? none

24. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was BORN ALIVE at M., on the date above stated.
*Where there is no attending physician or midwife, then the father, mother, householder, etc., shall make this return. (See Sec. 12, vital statistics law.)
What treatment was given child's eyes at birth? They were treated but I don't know with what.

25. (Signature) Anna Johnson M. D. Midwife
Address 4015 N. ... Telephone
Date Certificate Signed August 20 1937
(Month) (Day) (Year)

26. Given name added from a supplemental report

27. Filed SEP 3 1940 1937 I. Herman N. Bundesen Registrar
Post Office Address

SUPPLEMENTAL REPORT ATTACHED

THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at 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.

STATE OF ILLINOIS COUNTY OF COOK } SS
CITY OF CHICAGO

I, Herman N. Bundesen, M.D., Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the city of Chicago by virtue of the laws of the state of Illinois and the ordinances of the city of Chicago; that the foregoing is a true copy of a record kept by me in pursuance of said laws and ordinances.

Dated SEP 4 - 1940

I. Herman N. Bundesen
President of the Board of Health Registrar
by Henry Pesata
Deputy Registrar

CITY OF CHICAGO---Board of Health

OFFICE OF THE PRESIDENT, BOARD OF HEALTH

V. S. 19

39340

STATE OF ILLINOIS
HENRY HORNER, GOVERNOR

D. S. 55614

DEPARTMENT OF PUBLIC HEALTH—DIVISION OF VITAL STATISTICS

State of Illinois
County of Cook

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna Sofia Carlson Johnson being first duly sworn says that

she is the mother of Anna Edith Mathilda Johnson
(Relationship to child)*

born April 2, 1914 at Chicago, Illinois,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Section 14 of the Law, "To provide for the registration of all births, stillbirths, and deaths in the State of Illinois"; and affiant further states that the facts contained in the certificate of birth of the said Anna

Edith Mathilda Johnson hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Benson M. D. was the midwife

medical attendant at the birth of said Anna Edith Mathilda Johnson and that

the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Anna S. Johnson

P. O. Address 4015 North Central Park Avenue

Subscribed and sworn to before me this 20th day of August, 1937

SEP 3 1940

Frances M. Maguire

Notary Public.

(Read instructions on other side)

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SEP 4 - 1940

Dated _____

Herman N. Bundesen
President of the Board of Health, Registrar
by Henry Pesata
Deputy Registrar

1945



1945