

CERTIFICATE OF BIRTH

STATE OF ILLINOIS
DWIGHT H. GREEN, Governor
Department of Public Health—
Division of Vital Statistics

ORIGINAL

1. PLACE OF BIRTH County of <u>COOK</u>	Registration Dist. No. _____
<u>CHICAGO</u> { <ul style="list-style-type: none"> *Township *Road Dist. *Village *City }	Primary Dist. No. _____
*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address.)	

Street and Number 3330 W 66TH ST.

2. FULL NAME AT BIRTH JEANNE WILMA SAMMONS

3. Sex FEMALE	4. Twin, Triplet, or other? (To be answered only in the event of plural births.)	5. Number in order of birth	6. Legitimate? YES	7. Date of birth <u>MARCH 24 1919</u> (Month) (Day) (Year)
-------------------------	---	-----------------------------	------------------------------	--

FATHER		MOTHER	
8. Full Name <u>WILLIAM EDWARD SAMMONS</u>	14. Full Maiden Name <u>AMY MATILDA LARSON</u>		
9. Residence at time of this birth <u>3330 W. 66TH ST.</u>	15. Residence at time of this birth <u>3330 W. 66TH ST</u>		
10. Color <u>WHITE</u>	16. Color <u>WHITE</u>		
11. Age at time of this birth <u>33</u> yrs.	17. Age at time of this birth <u>32</u> yrs.		
12. Birthplace (City or Place) <u>TOWANDA PENNSYLVANIA</u> (Name State, if in U. S.) (Name Country, if Foreign)	18. Birthplace (City or Place) <u>CHICAGO ILLINOIS</u> (Name State, if in U. S.) (Name Country, if Foreign)		
13. Occupation <u>STRUCTURAL ENG.</u> (Nature of Industry)	19. Occupation <u>HOUSEWIFE</u> (Nature of Industry)		
20. (a) Number of children born to this mother at the time of and including this birth <u>TWO</u>	(b) Number of children living at the time of and including this birth <u>TWO</u>		

21. I HEREBY CERTIFY that I was the Attendant at this Birth.

Signed Dr. Kate G. Peckard This space only for signature of _____
 Address 406 W 68th St Physician ~~Midwife~~
 Date July 30 - 1942 Date _____
 (Month) (Day) (Year)

IF SIGNATURE OF BIRTH ATTENDANT IS OBTAINABLE, AN AFFIDAVIT IS NOT REQUIRED.

STATE OF _____ }
 County of _____ } ss.

I HEREBY CERTIFY that I had actual knowledge of the facts as stated in this RECORD OF BIRTH at the time the birth occurred, and know them to be true; and that I am related to this person as _____

Signature _____
 Present Address _____

Subscribed to, and sworn before me this _____ day of _____, 19____

SEAL _____ Notary Public
 My commission expires _____

22. Filed _____, 19____ Registrar
 Post Office Address _____

V. S. No. 1A MARGIN RESERVED FOR BINDING. Write Plainly with Unfading Ink—This a Permanent Record. Follow Instructions Found on the Reverse Side of this Certificate.