

DEPARTMENT OF HEALTH OF THE CITY OF CHICAGO

Series No. 1

BUREAU OF VITAL STATISTICS

Registered No. 625

CERTIFICATE AND RECORD OF BIRTH

1. PLACE OF BIRTH

County of Cook

City of Chicago No. 3351 Osgood St.; Ward

2. FULL NAME OF CHILD Ranko Einar Hallikainen

3. Sex of Child M. 4. Twin, triplets, or other? (To be answered only in event of plural births) Number in order of birth 5. Date of birth Jan 5 1916

FATHER 6. FULL NAME Kalle Einar Hallikainen 7. RESIDENCE 3351 Osgood St 8. COLOR W 9. AGE AT LAST BIRTHDAY 22 Years 10. BIRTHPLACE (State or Country) Finland 11. OCCUPATION Machinist

MOTHER 12. FULL MAIDEN NAME Nilda Pulkkinen 13. RESIDENCE 3351 Osgood St 14. COLOR W 15. AGE AT LAST BIRTHDAY 26 Years 16. BIRTHPLACE (State or Country) Finland 17. OCCUPATION

18. Number of children born to this mother, including present birth. 19. Number of children of this mother now living. 1

20. 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.

* When there was no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See Sec. 12 of vital statistics law.

21. (Signature) Louis Johnston M. D. (Physician or Midwife)

22. Give name added from a supplemental report, 19

Address 3270 N. Clark St Telephone 431

23. Filed Apr 21, 1916 Registrar

STATE OF ILLINOIS, COUNTY OF COOK, CITY OF CHICAGO } ss.

I, M. O. HECKARD, M. D., Registrar of Vital Statistics of the City of Chicago, do hereby certify that the foregoing is a true copy of the records kept by me, in pursuance of the laws of the State of Illinois and the ordinances of said city.

In witness whereof, I have hereunto set my hand and the seal of the



DEPARTMENT OF HEALTH, this 16th day of Jan - 1917

M. O. Heckard M. D. Registrar of Vital Statistics.

THE CITY OF CHICAGO

DEPARTMENT OF HEALTH

RECORD OF BIRTH

CERTIFICATE AND

PASSPORT
ISSUED
 SEP. 27. 1934
 DEPARTMENT OF STATE

