

255 24607

STATE OF ILLINOIS
Department of Public Health - Division of Vital Statistics
ORIGINAL

CERTIFICATE OF BIRTH 82

Registered No. 20
(Consecutive No.)

1. PLACE OF BIRTH
County of LaSalle Registration Dist. No. 511
Township Oglesby Precinct Dist. 3363
City Oglesby Dist. No. 3363
* (Cancel the three terms not applicable. Do not enter "R. R.," "R. F. D.," or other P. O. address).

Street and Number, No. _____ St. _____ Ward. _____ Hospital _____
(If birth occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME OF CHILD Rollan Le Roy Jones
If child is not yet named, make supplemental report as directed.

3. Sex of Child Male 4. Twin, Triplet, or other? None 5. Number in order of birth 1st 6. Legitimate? Yes 7. Date of Birth July 19 1978
(To be answered only in the event of plural births.) (Month) (Day) (Year)

8. Full Name of FATHER David de Roy Jones 9. Residence (P. O. Address) Oglesby 10. Color White 11. Age at last birthday 32 years
12. Birthplace (City or Place) West Plains, Mo. (Name State, if in U. S.) Mo. (Name Country, if Foreign) _____

13. Occupation (Nature of Industry) Laborn 14. Full Maiden Name of MOTHER Alvord Emma Phillips 15. Residence (P. O. Address) Oglesby 16. Color White 17. Age at last birthday 21 years
18. Birthplace (City or Place) West Plains, Mo. (Name State, if in U. S.) Mo. (Name Country, if Foreign) _____

19. Occupation (Nature of Industry) Housewife 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____

21. What treatment was given child's eyes at birth? _____

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 P.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.

22. (Signature) John A. Seem M. D. (Physician or Midwife)
Address 100 Telephone _____
Date Certificate Signed July 24 1978 (Month) (Day) (Year)

23. Given name added from a supplemental report _____
(Month) (Day) (Year)

24. Filed July 24 1978 Registrar _____
Post Office Address LaSalle, Ill.

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what? Births & Stillbirths (1978-1981) 1-20

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record of birth as made from the original certificate of birth for the child named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois governing the registration of and the establishment of records of births, stillbirths, and deaths.

APRIL 16, 1959

SPRINGFIELD

Roland A. Cross, M.D.
Director of Public Health
STATE OF ILLINOIS

Address correspondence on birth and death records to Bureau of Statistics 5