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

CERTIFICATE OF BIRTH

Registered No. 35503
(Consecutive No.)

1. PLACE OF BIRTH

County of Cook

Registration Dist. No. 3104

Chicago {*Township *Road Dist. *Village *City}

Primary Dist. No. 3104

*(Cancel the three terms not applicable —Do not enter "R. R.," "R. F. D.," or other P. O. address).

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

2. FULL NAME OF CHILD Horn (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child	†4. Twin, Triplet, or other? (To be answered only in the event of plural births)	5. Number in order of birth	6. Legitimate?	7. Date of birth (Month) (Day) (Year)
male			yes	8-14-29

FATHER	MOTHER
8. Full Name Maurice C. Horn	14. Full Maiden Name Laura DeLaha
9. Residence (P. O. Address) 4312 Washington Blvd	15. Residence (P. O. Address) 4312 Washington Blvd
10. Color White	16. Color White
11. Age at last birthday 45 years	17. Age at last birthday 28 years
12. Birthplace (City or Place) Philadelphia (Name State, if in U. S.) Penn. (Name Country, if Foreign)	18. Birthplace (City or Place) Chicago (Name State, if in U. S.) Ill. (Name Country, if Foreign)
13. Occupation (Nature of Industry) Electrician	19. Occupation (Nature of Industry) House

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 1 (b) Born alive but now dead 0 (c) Stillborn 0

What treatment was given child's eyes at birth? Credé

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 10:55 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) Jacob Rosen M. D. Midwife (Physician or Midwife)

Address 7600 S. Kingsbury Telephone Edgewater 2270

Date Certificate Signed August 15 1929 (Month) (Day) (Year)

23. Given name added from a supplemental report _____ 19 (Month) (Day) (Year)

Registrar.

24. Filed AUG 19 1929 19 Registrar

Post Office Address