

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

1. PLACE OF BIRTH
 County of Cook Registration
 Dist. No. 3104
Chicago } *Township
 } *Road Dist.
 } *Village
 } *City } Primary
 } } Dist. No.
 *(Cancel the three terms not applicable
 -Do not enter "E. R.," "R. F. D.," or
 other P. O. address).

Street and
 Number, No. Grant Hospital of Chicago St., Ward. _____ Hospital

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

CERTIFICATE OF BIRTH

Registered No. 47082
 (Consecutive No.)

2. FULL NAME OF CHILD Richard Roland Grayson
 (If birth occurred in hospital or institution, give its name instead of street and number.)
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male 4. Twin, Triplet, or other? _____ 5. Number in order of birth _____ 6. Legitimate? Yes
 (To be answered only in the event of plural births)

7. Date of birth October 21, 1925
 (Month) (Day) (Year)

FATHER

8. Full Name Roland Howard Grayson

9. Residence (P. O. Address) 3426 Lincoln Ave.

10. Color White 11. Age at last birthday 22 years

12. Birthplace (City or Place) Indianapolis
 (Name State, if in U. S.) Indiana
 (Name Country, if Foreign) _____

13. Occupation Salesman
 (Nature of Industry) _____

MOTHER

14. Full Maiden Name Sylvia Mandelbaum

15. Residence (P. O. Address) 3426 Lincoln Ave.

16. Color White 17. Age at last birthday 20 years

18. Birthplace (City or Place) Chicago
 (Name State, if in U. S.) Illinois
 (Name Country, if Foreign) _____

19. Occupation Housewife
 (Nature of Industry) _____

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? Ag No 3 1%

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7:50 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) F. Detlefsen M. D. Midwife
 (Physician or Midwife)

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

Address 3209 N. Ashland Telephone R.V. 0322
 Date Certificate Signed October 22, 1925
 (Month) (Day) (Year)

24. File OCT 28 1925 19 Registrar
 Post Office Address _____

050493

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED

JAN 8 2003

John R. Lumpkin, M.D.
 John R. Lumpkin, M.D.
 State Registrar

