

RETURN OF A BIRTH.

3152

State of Illinois, }  
COOK COUNTY. }

The Physician, Accoucheur or person in attendance should immediately return this Certificate, accurately filled out, to the County Clerk. Penalty, \$10.00, if not so certified and returned within thirty days.

VITAL STATISTICS DEPARTMENT, COUNTY CLERK'S OFFICE,

3152 ✓

1. \*Full Name of Child (if any), *Angelo Serafino Del Principe*
2. Sex *Boy, male* Race or Color (if not of the white race), *White*
3. Number of Child of this Mother, *Four (4)*
4. Date of this Birth, *Aug 26<sup>th</sup> Sunday morning 11<sup>o</sup> A.M. 1894*
5. †Place of Birth, *No. 165 Dodger Street Front* Ward.
6. Residence of Mother, *" 165 Former Street "*
7. Nationality: Place of Birth: Age of:
  - a. Father, *Italy Province Aquila Pescasseroli 38 years*
  - b. Mother, *Italy Province Aquila Pescasseroli 26 years*
8. Full Name of Mother, *Elvira Del Principe*
9. Maiden Name of Mother, *Elvira Cielli*
10. Full Name of Father, *Pietro Del Principe*
11. Occupation of Father, *Accordeon maker*
12. Name and address of other Attendants, if any, \_\_\_\_\_

Dated, *Sept 5<sup>th</sup>* 18*94*. Returned by *Mrs. Maria Arera, 20 Gering St.* M. D. Midwife.

\* The given name of Child should be certified, if possible, when this Certificate is made, and should, in any case, be certified and registered within a year.  
† City, number, street and ward; same in towns that have them; township or precinct.