

RETURN OF A BIRTH.

3634

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.

1. \*Full Name of Child (if any) *Gaetano Amideo del Principe*
2. Sex *Male* Race or Color (if not of the white race) \_\_\_\_\_
3. Number of Child of this Mother *4*
4. Date of this Birth *January 17<sup>th</sup> 1896*
5. †Place of Birth, No. *1615* - *Logan* Street \_\_\_\_\_
6. Residence of Mother, " " " " \_\_\_\_\_
7. Nationality: *Italian* Place of Birth: *Italy* Age of: *28*
- a. Father *Pietro del Principe*
- b. Mother *Elvira Crolli del Principe*
8. Full Name of Mother *Elvira Crolli*
9. Maiden Name of Mother \_\_\_\_\_
10. Full Name of Father *Pietro del Principe*
11. Occupation of Father *Organ - fixer*
12. Name and Address of other Attendants, if any \_\_\_\_\_

*Remarks!*  
The lady was confined without assistance. This certificate is based on statements from neighbors.

Dated *January 21, 1896* Returned by *Joseph DeStefano* M. D.  
Residence *339 So. Jefferson* 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.