

CERTIFICATE OF BIRTH 152

1. PLACE OF BIRTH
 County of McLean Registration
 Dist. No. 690

(Show on line below the name of place where Birth occurred; give either City (or Village) or Township (or Road District), not both.)
 Township, or Road District, or Village, or City, of Manual

Primary
 Dist. No. 50416

Registered No. 136
 (Consecutive No.)

Street and Number, No. _____ St., _____ Ward, Brown Hospital

(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

2. FULL NAME OF CHILD Robert Frank Leonard

3. Sex of Child Male 4. Twin, triplet, or other? _____ 5. Number in order of birth _____ 6. Legitimate? _____ 7. Date of birth 10 15 1924
 (Month) (day) (Year)

FATHER
 8. FULL NAME Frank E. Leonard
 9. RESIDENCE (P. O. Address) Bloomington Ill
 10. COLOR white 11. Age at last Birthday 30 Years
 12. BIRTHPLACE (City or Place) Illinois Ill
 (Name State if in U. S.)
 (Name Country, if Foreign)
 13. OCCUPATION Booker maker helper
 (Nature of Industry)

MOTHER
 14. FULL MAIDEN NAME Carnie Wilkes
 15. RESIDENCE (P. O. Address) Bloomington Ill
 16. COLOR white 17. Age at last Birthday 26 Years
 18. BIRTHPLACE (City or Place) Chicago Ill
 (Name State if in U. S.)
 (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 _____ (c) Stillborn _____

WHAT TREATMENT WAS GIVEN CHILD'S EYES AT BIRTH? Washed 2590

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born alive at _____ M., on the date above stated.

*When 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] E. J. Brown M. D. Midwife
 (Physician or Midwife)

Address Bloomington Telephone _____
 Date Certificate Signed 10 15 1924
 (Month) (Day) (Year)

23. Given name added from a supplemental report _____ 19_____
 (Month) (Day) (Year)
 Registrar _____
 24. Filed 11-10 1924 McLean County Registrar
 Post Office Address Manual

FOR GENEALOGICAL PURPOSES ONLY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, deaths, and marriages.

DATE: APR 02 2008

SIGNED: Peggy Ann Milton
 Peggy Ann Milton
 OFFICIAL TITLE: McLean County Clerk PM

AT: Bloomington, Illinois

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes provide that the certification of this record by the Department of Public Health or the Local Registrar shall be prima facie evidence in all courts and places of the facts therein stated.