

*Certificate of Birth*

**Dietrich Arthur George Berthold**

July 13, 1918, Augustana Hospital, Chicago, Ill.

Form H.D.V. 126A 60M 1-18 370

<b>STATE OF ILLINOIS</b>		<b>HEALTH DEPARTMENT'S RECORD</b>
State Board of Health - Bureau of Vital Statistics		CITY OF CHICAGO
<b>CERTIFICATE OF BIRTH</b>		Registered No. <b>23549</b>
<b>1. PLACE OF BIRTH</b> County of <b>COOK</b> City of <b>CHICAGO</b>		Registration Dist. No. <b>3104</b> Primary Dist. No. _____ Dist. No. _____
<b>2. FULL NAME OF CHILD</b> <i>Dietrich Arthur George Berthold</i>		No. <i>Augustana Hospital</i> St.; _____ Ward
<b>3. Sex of Child</b> <i>Male</i>	<b>4. Twin, triplets, or other?</b> (To be answered only in event of plural births)	<b>5. Date of birth</b> <i>7-13-18</i> (Month) (Day) (Year)
<b>FATHER</b>		<b>MOTHER</b>
<b>6. FULL NAME</b> <i>Arthur Hugo Rudolph Berthold</i>		<b>12. FULL MAIDEN NAME</b> <i>Dora Margaret Lorrer</i>
<b>7. RESIDENCE</b> <i>4337 Sacramento Blvd</i>		<b>13. RESIDENCE</b> <i>4337 Sacramento Blvd</i>
<b>8. COLOR</b> <i>White</i>	<b>9. AGE AT LAST BIRTHDAY</b> <i>26</i> Years	<b>14. COLOR</b> <i>White</i>
<b>10. BIRTHPLACE (State or Country)</b> <i>Germany</i>		<b>15. AGE AT LAST BIRTHDAY</b> <i>26</i> Years
<b>11. OCCUPATION</b> <i>Dentist</i>		<b>16. BIRTHPLACE (State or Country)</b> <i>Germany</i>
<b>17. OCCUPATION</b> <i>Housewife</i>		<b>18. Number of children born to this mother, including present birth</b> <i>1</i>
<b>19. Number of children of this mother now living</b> <i>1</i>		
<b>20. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*</b>		
I hereby certify that I attended the birth of this child, who was born alive at <i>8<sup>12</sup></i> A.M., on the date above stated.		
* When there was no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See Sec. 12 of vital statistics law.		<b>21. (Signature)</b> <i>D. J. Burrows</i> M. D. Midwife (Physician or Midwife)
<b>22. Give name added from a supplemental report</b> _____, 19____		Address <i>2043 Cleveland Av</i> Telephone <i>3311</i>
Registrar _____		<b>23. Filed</b> <i>July 19</i> , 19____ Registrar <i>M. J. Keenan</i>
† If birth occurred in hospital or institution, give its name instead of street and number.		