

RETURN OF A BIRTH.

STATE OF ILLINOIS,)

La Salle 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 30 days.

STATE BOARD OF HEALTH.

Full Name of Child (if any) *Harford McLaughline*

Sex _____ No. of Child of this Mother, *First*

Race or Color (if not of the white race) *White*

Date and Place of Birth, *July 20th 1878 Mendota Ill.*

Nationality, Place of Birth and Age of each Parent, *Mrs. Katie H. McLaughline born in May 8th 1837 in Almond Co. McLaughline born in Illinois Ill. April 16th 1840*

Full Name of Mother and Maiden Name *Mrs. Katie H. McLaughline Maiden Name was Katie H. Barr* Mother's Residence, *Mendota La Salle Co. Ill.*

Full Name of Father, *Mr. Almond C. McLaughline*

Father's Occupation, *Blacksmith*

Name of Medical or other Attendant and Address, *Jos. W. Edwards*

Returned by *Jos. W. Edwards*

Dated at *Mendota Ill. July 31st 1878*

Jos. W. Edwards M. D.
Residence *City Mendota Illinois*

*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 those that have them; township or precinct.

Chlor, Page, Hogue & Co., Stationers, Chicago.

TOM P. WALSH
LASALLE COUNTY CLERK

STATE OF ILLINOIS)
COUNTY OF LASALLE)

I, Tom P. Walsh, County Clerk of the County of LaSalle, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the record on file in my office in Ottawa, Illinois, and I am the legal custodian of the same.

This 14th day of July, 1988

Tom P. Walsh
County Clerk