

COOK COUNTY, ILLINOIS

DISTRICT 16.0

DEPARTMENT OF PUBLIC HEALTH

MATCHING DC

STATE OF ILLINOIS

CHILD'S BIRTH NUMBER

REGISTRATION DISTRICT NO. **16.0**
 REGISTERED NUMBER

CERTIFICATE OF LIVE BIRTH

112-

CHILD'S NAME FIRST	MIDDLE	LAST	DATE OF BIRTH (MONTH, DAY, YEAR)	TIME OF BIRTH
1. MIRA	ANN	TAKEUCHI	2. Mar. 3, 2002	3. 08:26A
SEX	CHILD'S BLOOD TYPE	CITY, TOWN, TWP., ROAD, DIST. NO., OR LOCATION OF BIRTH		COUNTY OF BIRTH
4. Female	5.	6. Park Ridge		7. Cook

PLACE OF BIRTH	FACILITY NAME (IF NOT INSTITUTION, GIVE STREET AND NUMBER)
8. Hospital	9. Lutheran General Hospital

CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED (SIGNATURE OPTIONAL)	DATE SIGNED (MONTH, DAY, YEAR)	ATTENDANT'S NAME AND TITLE (IF OTHER THAN CERTIFIER) (TYPEPRINT)
	10b. 3/3/02	PING-WEN KUOHUNG M. D.
10a. <i>April G Frick</i>	ILLINOIS LICENSE NUMBER	11.
10c.		

CERTIFIER'S NAME AND TITLE (TYPEPRINT)	ATTENDANT'S MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OF TOWN, STATE, ZIP CODE)
12. APRIL G FRICK BC CLERK	13. 12 E. BUSSE AVE MI PROSPECT IL 60056

LOCAL REGISTRAR'S	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
14. SIGNATURE <i>Karen L Scott, M.D.</i> REGISTRAR	15. MAR 14 2002

MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MONTH, DAY, YEAR)	BIRTHPLACE (STATE OR FOREIGN COUNTRY)
16. YUKO TANAKA	17. 10/22/1972	18. JAPAN

RESIDENCE STREET AND NUMBER	CITY, TOWN, TWP., OR ROAD DIST. NO.	INSIDE CITY (YES/NO)
19a. 268 WOODSTONE CIRCLE	19b. BUFFALO GROVE	19c. YES

COUNTY	STATE	MOTHER'S MAILING ADDRESS (IF SAME AS RESIDENCE, ENTER ZIP CODE ONLY)
19d. LAKE	19e. IL	19f. 60089

FATHER'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MONTH, DAY, YEAR)	BIRTHPLACE (STATE OR FOREIGN COUNTRY)
20. MAKOTO TAKEUCHI	21. 06/30/1969	22. JAPAN

I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

23. INFORMANT'S SIGNATURE (OPTIONAL)

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the birth record for the child named in item 1 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, fetal deaths, and deaths.

DATE ISSUED **MAR 25 2002**

454794

ISSUED AT:
1010 LAKE STREET
OAK PARK, ILLINOIS 60301

Karen L Scott, M.D.
KAREN L. SCOTT, M.D.
CHIEF DEPUTY REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Chief Deputy Registrar.