

AFFIDAVIT AND CERTIFICATE OF CORRECTION 5-140

Concerning the birth record of

JLL NAME _____ whose ~~birth~~ ^{birth} occurred ~~death~~

at Palmyra in the County of Macoupin, Illinois on the 13 day of October, 1905

In keeping with the provisions of an Act in relation to births, stillbirths and deaths and to provide for the registration and the establishment of records thereof, I hereby certify under oath that the following items appearing on the original certificate mentioned above are incorrect or missing and should be corrected as follows:

ITEM NO. 1 ~~omitted~~ Smith
was incorrectly given as
and SHOULD READ Lowell Ellsworth Smith

ITEM NO. _____ ~~omitted~~
was incorrectly given as _____
and SHOULD READ _____

ITEM NO. _____ ~~omitted~~
was incorrectly given as _____
and SHOULD READ _____

ITEM NO. _____ ~~omitted~~
was incorrectly given as _____
and SHOULD READ _____

ITEM NO. _____ ~~omitted~~
was incorrectly given as _____
and SHOULD READ _____

ITEM NO. _____ ~~omitted~~
was incorrectly given as _____
and SHOULD READ _____

4356 Homelawn Avenue
Address Cincinnati 11, Ohio

Signed Lowell Ellsworth Smith
Relationship self

Subscribed and sworn to before me this 23 day of July, 1962

Address Carlinville, Ill

Signed Shirley M. Russell
Title Notary Public

1. School Records Documents Accepted as Supporting Evidence

Date made 7/23/62

2. _____ Date made _____

3. _____ Date made _____

STATE OF ILLINOIS, }
Macoupin County.

REPORT OF A BIRTH* TO COUNTY CLERK.

The physician, midwife (when in attendance), parent or householder should immediately send this certificate accurately filled out to the County Clerk of the County in which the birth takes place. Penalty for not making report within 30 days, fine of \$10 to \$100, or imprisonment in jail for 30 days, or both.

WRITE PLAINLY WITH UNFADING INK.

1. † Full Name of Child Smith

2. Sex ♂ M Race or Color (if not of the white race) W.

3. Number of Child of this Mother 3^d

4. Date of this Birth Nov. 13th 1905

5. Place of Birth No. Palmyra Street Ill

6. Residence of Mother, " Palmyra " Ill } City
Village
Town

7. Place of Birth, Town, State or Country. Age of:

23a. Father Greene Co Ill

23b. Mother Palmyra Ill

8. Full Name of Mother Bertha Smith

9. Maiden Name of Mother Bertha Chiles

10. Full Name of Father Arthur Smith

11. Occupation of Father Laborer

12. Name and Address of Nurse or Attendant, (if any)

Date Nov. 13th 1905 Reported by Ben Hudson } M. D.
Residence Palmyra Ill } Midwife

*Still-Births should be reported on a separate blank form.

†The baptis mal or christian name of child should be certified, if possible, when this certificate is made, and should, in any case, be reported to the County Clerk within a year.

1. PLACE OF BIRTH		Registration	
County of <u>Macoupin</u>		Dist. No. <u>600</u>	
<u>Palmyra</u>	<input type="checkbox"/> Township <input type="checkbox"/> Precinct <input type="checkbox"/> Village <input type="checkbox"/> City	Primary Dist. No. <u>5086</u>	Street and Number

CERTIFICATE OF BIRTH

2. FULL NAME AT BIRTH Bertha Salome Chiles

3. Sex <u>Female</u>	4. Twin, Triplet, or other? (To be answered only in the event of plural births)	5. Number in order of birth	6. Legitimate? <u>yes.</u>	7. Date of birth (Month) (Day) (Year) <u>March 26, 1882</u>
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FATHER		MOTHER	
8. Full Name <u>Fordyce Chiles</u>	14. Full Maiden Name <u>Martina Ann King</u>	9. Residence at time of this birth <u>Palmyra Ill</u>	15. Residence at time of this birth <u>Palmyra Ill</u>
10. Color <u>white</u>	11. Age at time of this birth <u>34</u> yrs.	16. Color <u>white</u>	17. Age at time of this birth <u>33</u> yrs.
12. Birthplace (City or Place) (Name State, if in U. S.) (Name Country, if Foreign) <u>Palmyra Ill</u>	18. Birthplace (City or Place) (Name State, if in U. S.) (Name Country, if Foreign) <u>Palmyra Ill</u>	13. Occupation (Nature of Industry) <u>city official</u>	19. Occupation (Nature of Industry) <u>Housewife</u>
20. (a) Number of children born to this mother at the time of and including this birth <u>5</u>	20. (b) Number of children living at the time of and including this birth <u>3</u>		

21. I HEREBY CERTIFY that I was the Attendant at this Birth.

Signed _____ Date _____ (Month) (Day) (Year)

Address _____ Physician Midwife

IF SIGNATURE OF BIRTH ATTENDANT IS OBTAINABLE, AN AFFIDAVIT IS NOT REQUIRED.

STATE OF Illinois ss.

County of Macoupin

I HEREBY CERTIFY that I had actual knowledge of the facts as stated in this RECORD OF BIRTH at the time the birth occurred, and know them to be true; and that I am related to this person as uncle.

Signature Jeff King
Present Address Palmyra, Ill

Subscribed to, and sworn before me this 14 day of Oct., 1942

Henry R. Shearburn Notary Public
My commission expires May 1945 Palmyra Ill

22. Filed 10-14, 1942 Henry R. Shearburn Registrar
Post Office Address Palmyra, Ill.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STATE OF ILLINOIS,
Macon County, } ss. }

For Sale at the "Telegraph" Office: Alton.



THE PEOPLE OF THE STATE OF ILLINOIS,
To all who shall See these Presents,
GREETING.

Know Ye, That License and permission are hereby given to any regular Minister of the Gospel, authorized to Marry by the Church or Society to which he belongs; any Justice of the Supreme Court; Judge of any Inferior Court; or any Justice of the Peace: to celebrate and certify the Marriage of Mr. *David H. King* and Miss *Mary F. Newell* now both of this County, according to the usual custom, and the Laws of Illinois.

Witness, *Jno. A. Chesnut* Clerk of the County Court of *Macon* County, Illinois, and the Seal thereof being hereto affixed, at *Carthage* this *21* day of *August* in the year of our Lord eighteen hundred and *forty nine*.

Jno. A. Chesnut Clerk.

THIS IS TO CERTIFY,

That on the *23rd* day of *August* A. D. 1849, I joined in the Holy Bands of Matrimony, Mr. *David H. King* and Miss *Mary F. Newell* according to the usual custom and the Laws of Illinois. Given under my hand and Seal, this *23rd* day of *August* A. D. 1849
Lewis Solomon J.P. (L. P.)

MARRIAGE LICENSE
THE PEOPLE OF THE STATE OF ILLINOIS

MACOUPIN COUNTY
To any Person legally authorized to solemnize Marriage
GREETING

MARRIAGE MAY BE CELEBRATED

Between Mr. Arthur Smith of Palmyra
in the County of Macoupin and State of Illinois
of the age of 21 years and
Miss Bertha Chiles of Palmyra
in the County of Macoupin and State of Illinois
of the age of 21 years

Witness W. C. Seehausen, County Clerk
and the seal of said County at his Office in Carlinville, in said County
this 9th day of June A. D. 1903
W. C. Seehausen County Clerk

State of Illinois ss
MACOUPIN COUNTY,

I, J. W. Waters
Minister hereby
certify that Mr. Arthur Smith and
Miss Bertha Chiles were united in Marriage by me at
Palmyra in the County of Macoupin
and State of Illinois on the 9th day of June A. D. 1903
J. W. Waters
Minister

It is the duty of the person celebrating the Marriage to fill out and sign the above Certificate and to return the same together with the License to the County Clerk within thirty days after the Marriage is solemnized. ONE HUNDRED DOLLARS PENALTY FOR FAILING SO TO DO.

O F D E A T H S .

285

1. Place of Death. 2. Cause of Death.	1. Complication. 2. Duration of Complication. 3. Duration of Disease.	1. Place of Burial. 2. Date of Burial.	1. Name of Undertaker. 2. Place of Business.	Name and Residence of Physician Returning Certificate.
1 Palmyra - Ill. 2 Ulcers of Stomach	1 Piles 2 13 to 15 yrs. 3 5 or 6 years.	1 2	1 L. H. Linder 2 Palmyra Ill	Mr. Mahan Palmyra Ill.

O F D E A T H S .

Galver, Page, Hoyme & Co., Stationers. Chicago.

H. I. or P. M.	Single, Married, Widower or Widow.	1. Nationality. 2. Where Born.	How long resident in this State. YEARS.	1. Place of Death. 2. Cause of Death.	1. Complication. 2. Duration of Complication. 3. Duration of Disease.	1. Place of Burial. 2. Date of Burial.
	married	1 U. S. 2 Palmyra Ill.	life	1 Palmyra - Ill. 2 Ulcers of Stomach	1 Piles 2 13 to 15 yrs. 3 5 or 6 years.	1 2 3

REGISTER

Culver, Page, Hoyne & Co., Stationers. Chicago.

No.	Date of Report.	1. Name. 2. Sex and Color.	1. Age. 2. Occupation.	DATE OF DEATH.				Single, Married, Widower or Widow.	1. Nationality. 2. Where Born.	
				Month.	Day.	Year.	A.M. or P.M.			
3697	Dec. 10 1899	1. Jodyce Edward Childs 2. Sex, Male Color, White	1 Year 50 Month 8 Days — 2 Ex-soldier	July	6	1899		married	1 U.S. 2 Palmyra	

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 5
150M-12-6-18
13606

Has decedent ever served in military or naval service of U. S.?

1. PLACE OF DEATH

County Macoupin
Township or Road Dist. }
or
Incorp. Town or Village } Palmyra
City No. _____

Registration Dist. No. 600
Primary Dist. No. 5084

STATE OF ILLINOIS
Department of Public Health - Division of Vital Statistics
STANDARD CERTIFICATE OF DEATH

COUNTY CLERK RECORD

180

Registered No. 9

[If death occurred in a hospital or institution, give its NAME, instead of street and number.]

2. FULL NAME Martha A. Gehles

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

5a. If married, widowed or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH August - 24, 1849
(Month) (Day) (Year)

7. AGE Years Months Days If LESS than 1 day, hrs. OR min. 7
71 10 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Illinois
(State or Country) _____

10. NAME OF FATHER David Spring

11. BIRTHPLACE OF FATHER (city or town) Illinois
(State or Country) _____

12. MAIDEN NAME OF MOTHER Kewell

13. BIRTHPLACE OF MOTHER (city or town) Illinois
(State or Country) _____

14. INFORMANT Ed. Gehles
Address Palmyra Ill

15. Filed July 18, 1921 69 Brainerd
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 16, 1921
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1921, to July 16, 1921, that I last saw h. alive on July 14, 1921, and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows

Paralysis

Contributory (Secondary) Cerebral Hemorrhage
(Duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) M. Mc Mahon, M. D.
Address Palmyra
Date July 18, 1921 Telephone 1-100

*State the Disease CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19. PLACE OF BURIAL OR REMOVAL Oak Hill 20. DATE OF BURIAL July 18, 1921

20. UNDERTAKER Stults Bros ADDRESS Palmyra