

Relationships to Noah Webster, Jr

Thomas Gilbert m. Lydia -

Josiah Gilbert m Elizabeth Pelchey	5B	Jonathan Gilbert m Mary Welles
Benjamin Gilbert m Mary Bailey	1	Josiah Marshfield m Rachel Gilbert
Michael [?] Griswold m Mary Gilbert	2	Elihu Steel m Catherine Marshfield
Plinow Griswold m Martha Hubbard	3	Noah Webster m Mercy Steele
Martha Griswold m Dennis Parker	4	Noah Webster, Jr m Rebecca Griswold
Asahel Parker m Lorene Benton	1A	
Seth Parker m Rhoda Gray	2A	
W H Parker m Eliza Rogers	3A	
CJ Parker m Mary Sutton	4A	
CJ Parker m Mary Lewis	5A	
RJ Parker m W Corliss	6A	

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

1. PLACE OF BIRTH County of <u>COOK</u>		Registration Dist. No. <u>5116</u>	STATE OF ILLINOIS Department of Public Health - Division of Vital Statistics ORIGINAL	
*Township *Road Dist *Village *City <u>CHICAGO</u>		Primary Dist. No. <u>5116</u>	CERTIFICATE OF BIRTH Registered No. <u>51558</u> (Consecutive No.)	
Street and Number, No. <u>CHICAGO LYING-IN HOSPITAL</u>		Ward. _____	Hospital _____ (If birth occurred in hospital or institution, give its name instead of street and number.)	
2. FULL NAME OF CHILD <u>RAYMOND JAMES PORTER</u> (If child is not yet named, make supplemental report as directed.)				
3. Sex of Child <u>m</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 <u>Nov 11</u> , 19 <u>25</u> (Month) (Day) (Year)
8. Full Name <u>CLARENCE JAMES PORTER</u>		14. Full Maiden Name <u>Marie Winnifred Quinn</u>		
9. Residence (P. O. Address) <u>5727 So Carpenter St</u>		15. Residence (P. O. Address) <u>5727 So Carpenter St</u>		
10. Color <u>W</u>	11. Age at last birthday <u>25</u> <u>chgo</u> years	16. Color <u>W</u>	17. Age at last birthday <u>23</u> <u>chgo</u> years	
12. Birthplace (City or Place) <u>Indianapolis</u> (Name State, if in U. S.) (Name Country, if Foreign)		18. Birthplace (City or Place) <u>Chicago</u> (Name State, if in U. S.) (Name Country, if Foreign)		
13. Occupation (Nature of Industry) <u>Law Filer</u>		19. Occupation (Nature of Industry) <u>Att</u>		
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 <u>1</u> (b) born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		
21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was BORN ALIVE at <u>5:27 A</u> M., on the date above stated. *Where 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) <u>[Signature]</u>		M. D. <u>[Signature]</u> Midwife _____ Address <u>476 1st</u> Telephone <u>9850</u>		
23. Given name added from a supplemental report (Month) _____ (Day) _____ (Year) _____		Date Certificate Signed _____ (Month) _____ (Day) _____ (Year) _____		
Registrar.		24. Filed <u>NOV 23 1925</u> Post Office Address <u>1701 State St</u> Registrar		

085195

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED

AUGUST 23, 1989

Steven L. Perry
STEVEN L. PERRY
DEPUTY STATE REGISTRAR

