

Of a Fete & of Fate

IN HONOR OF 100 YEARS OF VANDERCOOK HISTORY

SPI5 NO. 23339 AND ITS SECOND OWNER
CELEBRATE THE 46TH ANNIVERSARY
OF THEIR AUGUST & NEAR COINCIDENT DELIVERY

PACKING LIST

VANDERCOOK & SONS, INC.

3601 West Touhy Avenue • Chicago 45, Illinois • Telephone: ROgers Park 1-2100

SHIPPED TO **BELOW**



SOLD TO **THE CRICKET PRESS, INC.
66 SUMNER STREET
MANCHESTER, MASSACHUSETTS**

ORDER NO. **C29443**

CUSTOMER'S ORDER NO.	ORDER ENTERED 7/1/63	WILL BE SHIPPED ABOUT WEEK AUG 12 1963	CODE	INVOICE AND SHIPPING DATE
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SHIPPING INSTRUCTIONS
**SHIPPER'S CONSOLIDATING ASSN. (B9) DELIVERY
BY TRUCK WITH HYDRAULIC LIFT GATE**

**1 - VANDERCOOK SIMPLE PRECISION SPI5 TEST PRESS
WITH STANDARD EQUIPMENT INCLUDING SYNTHETIC
FORM ROLLERS AND BED MACHINED FOR USE WITH-
OUT GALLEYS .918"**

PRESSURE INK WELL

POSITIVE LOCKUP BAR

**POWER INK DISTRIBUTION AND AUTOMATIC WASHUP
(A.C.115-60-1)**

STEEL PAPER CABINET

* We are complying with the requirements of the Federal Fair Labor Standards Act of 1938 - Title to this merchandise passes from the Seller to the Buyer immediately upon shipment from the Seller's plant.

ITEM 770

©

TERMS - NET 30 DAYS F.O.B. OUR CHICAGO PLANT

Will be shipped about week of Aug 12 1963

CERTIFICATE OF LIVE BIRTH

State of Oklahoma - Department of Health

STATE FILE NO. **135 - 63-000000**

LOCAL REG. NO.		STATE FILE NO. 135 - 63-000000	
1. PLACE OF BIRTH a. COUNTY Tulsa		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Oklahoma b. COUNTY Tulsa	
b. CITY, TOWN, OR LOCATION Tulsa		c. CITY, TOWN, OR LOCATION Tulsa	
c. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	f. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. CHILD'S NAME (Type or print) First Middle Last Michael Joseph Babcock Jr.			
4. SEX Male		5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	
		5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>	
		6. DATE OF BIRTH Month Day Year 8 15 63	
7. FATHER'S NAME First Middle Last Michael			8. COLOR OR RACE Caucasian
9. AGE (At time of this birth) 21 YEARS		10. BIRTHPLACE (State or foreign country) Kansas	11a. USUAL OCCUPATION Student
		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME First Middle Last Merrily			13. COLOR OR RACE Caucasian
14. AGE (At time of this birth) 21 YEARS		15. BIRTHPLACE (State or foreign country) Minnesota	
16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth)			
a. How many OTHER children are now living? 0		b. How many OTHER children were born alive but are now dead? 0	c. How many fetal deaths (fetuses born dead at ANY time after conception)? 0
17. INFORMANT			
8. MOTHER'S MAILING ADDRESS Tulsa, Oklahoma			
9a. LENGTH OF PREGNANCY COMPLETED WEEKS 39	19. WEIGHT OF CHILD AT BIRTH 7 3 OZ.	20. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. WAS BLOOD OF THIS CHILD'S MOTHER TESTED FOR SYPHILIS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21b. DATE TEST MADE 2-12-63	21c. IF NO TEST, STATE REASON THEREFOR:
I hereby certify that this child was born alive on the date stated above.		22a. SIGNATURE <i>[Signature]</i>	22b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> D.C. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)
		22c. ADDRESS	
		22d. DATE SIGNED	
23a. DATE REC'D. BY LOCAL REG. 9-A-63		23b. REGISTRAR'S SIGNATURE <i>[Signature]</i>	24. DATE RECEIVED BY STATE REGISTRAR SEP 9 1963
THIS LINE FOR USE OF STATE REGISTRAR		DATE CORRECTIONS MADE	ITEMS CORRECTED
			AUTHORITY
			CLERK

VS 152 12-55



State Department of Health

State of Oklahoma

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST
HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

[Signature]
STATE REGISTRAR

Date of Birth 8 15 63

Printed from ATF Garamond types with inkjet tip-ons
by the proprietor and his mechanical contemporary,
- SP15 NO. 23339 - *acquainted February 8, 1991* -
at interrobang letterpress, Jamaica Plain, Massachusetts
on Mohawk Superfine in an unnumbered edition of 150 copies
110 for the Vandercook Centenary Print Bundle

AUGUST 16, 2009