

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

MARGIN RESERVED FOR BINDING

PLACE OF BIRTH		MICHIGAN DEPARTMENT OF HEALTH	
County of <u>Eaton</u>	Division of Vital Statistics.	RECORD OF BIRTH	
Township of <u>Vermontville</u>	Registered No. <u>4</u>		
Village of <u>1/1</u>	(No. <u> </u> St., <u> </u> Ward)		
City of <u> </u>	(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
FULL NAME <u>Bora Lucile Muchnick</u>	If child is not yet named, make supplemental report, as directed.		
OF CHILD <u> </u>			
Sex of child <u>Female</u>	Twin, triplet, or other? <u> </u>	and <u> </u>	Number in order of birth <u> </u>
Legitimate? <u>Yes</u>	Date of Birth <u>6/23</u> , 19 <u>23</u>	(Month) (Day) (Year)	
Full Name <u>Bora Muchnick</u>		Full Maiden Name <u>Hazel Delaney</u>	
Residence (P. O. Address) <u>Vermontville</u>		Residence (P. O. Address) <u>Vermontville</u>	
Color or Race <u>White</u>	Age at Last Birthday <u>33</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>25</u> (Years)
Birthplace <u>Michigan</u>		Birthplace <u>Michigan</u>	
Occupation (And Industry) <u>Insurance Broker</u>		Occupation (And Industry) <u>housewife</u>	
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with }
a prophylaxis solution? Yes }

Given or christian name added from a supplemental report 19

(Signature) B. F. L. McLaughlin
Dated 6/23 19 23 (Attending physician, midwife, father, etc.)*
Address Vermontville
Filed June 27 19 23 B. B. Lef
Registrar.