

MARGIN RESERVED FOR BINDING

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.

1922

PLACE OF BIRTH
MICHIGAN DEPARTMENT OF HEALTH
Division of Vital Statistics.
RECORD OF BIRTH

County of 1
Township of Vermontville
or
Village of 1
or
City of 1
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No. 1
St. 1 Ward 1

FULL NAME Albert Douglas Thompson
OF CHILD 1 } If child is not yet named, make supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>1</u>	Date of Birth <u>Feb</u> , <u>1</u> , 19 <u>22</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Clifford Thompson</u>			Full Maiden Name <u>Ruth Pullman</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>29</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>24</u> (Years)	
Birthplace <u>Mich</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>Farmer</u>			Occupation (And Industry) <u>Housewife</u>		

Number of child of this mother 4 Number of children, of this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was clai at 2 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. L. B. two Lough

Dated 2/5 1922

Address Vermontville (Attending physician, midwife, father, etc.)*

Filed 2/5 1922 B. R. Lamb

Registrar.