PLACE OF BIRTH

County of Eaton

Township of .....

or

Village of Vermontville.

or

City of .....

FULL NAME OF CHILD Paul Milton Hayward Jr.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 6

(No. ..... St., ... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report, as directed.

Sex of child	Twin, triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Year)
Male				Yes	April 27, 1922

FATHER		MOTHER	
Full Name	Paul Hayward.	Full Maiden Name	Frances Hoffman.
Residence (P. O. Address)	Vermontville.	Residence (P. O. Address)	Vermontville
Color or Race	White	Color or Race	White.
Age at Last Birthday	28 (Years)	Age at Last Birthday	19 (Years)
Birthplace	Michigan	Birthplace	Virginia
Occupation (And Industry)	Laborer.	Occupation (And Industry)	Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 5 A. M. on the date above stated.

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

Given or christian name added from a supplemental report ..... 19 .....

(Signature) E. L. McLaughlin

Dated 7/28 1923

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

Address Vermontville

Filed 7/28 1923 C. F. Foote

Registrar.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form 220-D-5-21—100 Books

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