

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.

PLACE OF BIRTH

County of Calhoun

Township of.....

or Village of Vermontville

or City of.....

FULL NAME Betty Elean Whitmore

OF CHILD.....

MICHIGAN DEPARTMENT OF
HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 5

(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 <u>Female</u>	Twin, triplet, or other? <u> </u>	and	Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 10</u> , 19 <u>22</u> (Month) (Day) (Year)
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Full Name Hugh WhitmoreResidence (P. O. Address) VermontvilleColor or Race WhiteAge at Last Birthday 22 (Years)Birthplace MichiganOccupation (And Industry) MerchantFull Maiden Name Velma LambResidence (P. O. Address) VermontvilleColor or Race WhiteAge at Last Birthday 22 (Years)Birthplace MichiganOccupation (And Industry) Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was..... at 8 P M.
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with a prophylaxis solution? Yes(Signature) L. D. McLaughlinDated 7/12 1922 (Attending physician, midwife, father, etc.)*

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

Address VermontvilleFiled 7/12 1922 G. K. Lane Registrar.