

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

MICHIGAN DEPARTMENT OF HEALTH

County of Eden  
Township of Vermontville

Division of Vital Statistics.  
RECORD OF BIRTH

Registered No. 5

Village of " (No. " St., " Ward)  
City of Keith Lenoir Pugh (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
FULL NAME OF CHILD Keith Lenoir Pugh } If child is not yet named, make supplemental report, as directed.

Sex of child <u>male</u>	Twin, triplet, or other? <u>no</u>	and	Number in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept 11<sup>th</sup></u> , 19 <u>23</u> (Month) (Day) (Year)
Full Name <u>Patt Pugh</u> FATHER			Full Maiden Name <u>Olava Manley</u> MOTHER		
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>38</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>35</u> (Years)		
Birthplace <u>Michigan</u>			Birthplace <u>Michigan</u>		
Occupation (And Industry) <u>laborer</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 10<sup>th</sup> at 10<sup>th</sup> 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. D. McLaughlin  
Dated 9/15 1923  
Address Vermontville (Attending physician, midwife, father, etc.)\*  
Filed 9/15 1923 B. H. Lamb  
Registrar.