

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 <u>Gen</u>				Division of Vital Statistics.			
Township of <u>Vermontville</u>				RECORD OF BIRTH			
Village of <u>"</u>				Registered No. <u>5</u>			
City of <u>Keith Lenoir Pugh</u>				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
FULL NAME OF CHILD				If child is not yet named, make supplemental report, as directed.			
Sex of child <u>male</u>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Sept 11th</u> , 19 <u>27</u>	(Month) (Day) (Year)	
Full Name <u>Patt Pugh</u> FATHER				Full Maiden Name <u>Blora 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 <u>4</u>				Number of children, of this mother, now living <u>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*							
I hereby certify that I attended the birth of this child, who was <u>at 10⁰⁰</u> M. on the date above stated. (Born alive or stillborn.)							
Have eyes of child been treated with a prophylaxis solution? <u>Yes</u>				(Signature) <u>B. L. D. McLaughlin</u>			
Given or christian name added from a supplemental report <u>19</u>				Dated <u>9/15</u> 19 <u>27</u>			
				Address <u>Vermontville</u>			
				Filed <u>9/15</u> 19 <u>27</u> <u>B. H. Lamb</u> Registrar.			