

MARGIN RESERVED FOR BINDING

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.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

PLACE OF BIRTH

County of OshtemoTownship of VernumVillage of 11City of 11FULL NAME Elizabeth Helen Barrell

OF CHILD

Registered No. 10(No. 11 St. 11 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?	and	Number in order of birth	Legitimate? <u>in</u>	Date of Birth <u>Dec 1</u> , 19 <u>21</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Magnard Barrell</u>			Full Maiden Name <u>Eva A. Pullman</u>		
Residence (P. O. Address) <u>1126 4 Belleme Mt.</u>			Residence (P. O. Address) <u>Belleme Mt.</u>		
Color or Race <u>White</u>		Age at Last Birthday <u>20</u> (Years)	Color or Race <u>White</u>		Age at Last Birthday <u>19</u> (Years)
Birthplace <u>Michigan</u>			Birthplace <u>Michigan</u>		
Occupation (And Industry) <u>Farmer</u>			Occupation (And Industry) <u>housewife</u>		
Number of child of this mother <u>1</u>			Number of children, of this mother, now living <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born at 11:00 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. McLaughlin
Dated 12/5 1921
Address Vernum (Attending physician, midwife, father, etc.)*
Filed 12/5 1922
Registrar.