

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>Calhoun</u> | | | Division of Vital Statistics. | | |
| Township of <u>Vermont</u> | | | RECORD OF BIRTH | | |
| Village of <u>"</u> | | | Registered No. <u>9</u> | | |
| City of <u>"</u> | | | (No. <u>"</u> St. <u>"</u> Ward <u>"</u>) | | |
| FULL NAME OF CHILD <u>Vivian Guette Faust</u> | | | (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>1</u> | Legitimate? <u>Yes</u> | Date of Birth <u>11</u> , <u>11</u> , 19 <u>23</u> (Month) (Day) (Year) |
| Full Name <u>Joseph FATHER Faust</u> | | | Full Maiden Name <u>MOTHER Belista Jane Bennett</u> | | |
| Residence (P. O. Address) <u>Vermont</u> | | | Residence (P. O. Address) <u>Vermont</u> | | |
| Color or Race <u>White</u> | Age at Last Birthday <u>53</u> (Years) | | Color or Race <u>White</u> | Age at Last Birthday <u>35</u> (Years) | |
| Birthplace <u>Ohio</u> | | | Birthplace <u>Michigan</u> | | |
| Occupation (And Industry) <u>Lumber</u> | | | Occupation (And Industry) <u>Housewife</u> | | |
| Number of child of this mother <u>"</u> | | | Number of children, of this mother, now living <u>2</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 8:00 M. on the date above stated.
 (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? "
 Given or christian name added from a supplemental report " 19 "

(Signature) B. H. Brown M.D.
 Dated 11/14 19 23
 (Attending physician, midwife, father, etc.)
 Address Washburne
 Filed 11/14 19 23
B. H. Faust
 Registrar.