

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 Edin  
Township of .....  
or  
Village of Vermontville  
or  
City of .....  
FULL NAME Robert Lee Boyer  
OF CHILD

MICHIGAN DEPARTMENT OF HEALTH  
Division of Vital Statistics.  
RECORD OF BIRTH  
Registered No. 4  
(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>male</u>	Twin, triplet, or other? <u>  </u>	and	Number in order of birth <u>  </u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 5, 1924</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Howard Boyer</u>			Full Maiden Name <u>Lillie Davis</u>		
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>51</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>34</u> (Years)	
Birthplace <u>Mich</u>			Birthplace <u>Tennessee</u>		
Occupation (And Industry) <u>Farmer</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 alen at 24 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. L. P. McLaughlin

Dated 2/5 19 24

Address Vermontville, Mich (Attending physician, midwife, father, etc.)\*

Filed 2/5 19 24

B. K. Lamb

Registrar.