PLACE OF BIRTH

County of Cass

Township of Vermontville

or

Village of "

or

City of

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.)

FULL NAME OF CHILD Betty Jane Briggs

If child is not yet named, make supplemental report, as directed.

Sex of child	Twin, triplet, or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 18, 1924

FATHER

Full Name: Dewey Briggs

Residence (P. O. Address): Vermontville

Color or Race: White

Age at Last Birthday: 25 (Years)

Birthplace: Mich

Occupation (And Industry): laborer

MOTHER

Full Maiden Name: Ruth Shettenhelm

Residence (P. O. Address): Vermontville

Color or Race: White

Age at Last Birthday: 23 (Years)

Birthplace: Mich

Occupation (And Industry):

Number of child of this mother: 2

Number of children, of this mother, now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was ..... at ..... 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) L. L. Dr. Mc Laughlin

Dated 6/20 1924

(Attending physician, midwife, father, etc.*)

Address Vermontville

Filed 6/20 1924 C. A. Earl

Registrar.

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.

MARGIN RESERVED FOR BINDING

Form 220-5-5-21—100 Books

Form 220-5-5-23—100 Books

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