

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 Polk
 Township of Vermontville
 or
 Village of "
 or
 City of "

MICHIGAN DEPARTMENT OF
HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. #8

(No. 1 St., " Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 FULL NAME Jessie Leida Miller
 OF CHILD " } If child is not yet named, make supplemental report, as directed.

Sex of child Female Twin, triplet, or other? " and Number in order of birth 1 Legitimate? Yes Date of Birth June 7, 1924
 (Month) (Day) (Year)

Full Name Kenneth Miller

FATHER

Residence (P. O. Address) VermontvilleColor or Race WhiteAge at Last Birthday 26 (Years)Birthplace Mich.Occupation (And Industry) Bridge mechanicFull Maiden Name De Lita Green

MOTHER

Residence (P. O. Address) VermontvilleColor or Race WhiteAge at Last Birthday 22 (Years)Birthplace Mich.Occupation (And Industry) HousewifeNumber 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 alive at 2 o'clock 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. D. no LaugelDated 6/11 19 24 (Attending physician, midwife, father, etc.)*Address VermontvilleFiled 6/11 19 24 B. H. Lane

Registrar.