

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 Eden  
 Township of Vermontville  
 or  
 Village of Eden  
 or  
 City of Eden  
 FULL NAME Delancee Reola Brinkett  
 OF CHILD

## MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 6(No. 6 St. 6 Ward 6)

(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>1</u>	and <u>1</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Oct 25</u> , 19 <u>24</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>John Brinkett</u>			Full Maiden Name <u>Bessie Lipbury</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>48</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>38</u> (Years)	
Birthplace <u>Canada</u>			Birthplace <u>Michigan</u>		
Occupation (And Industry) <u>Laborer</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>6</u>			Number of children, of this mother, now living <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 5:00 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. D. no LaughlinDated 10/28 19 24

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

Address VermontvilleFiled 10/28 19 24 B. H. Lant

Registrar.