

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>Cata</u>				Division of Vital Statistics.			
Township of <u>Vermontville</u>				RECORD OF BIRTH			
Village of <u>Vermontville</u>				Registered No. <u>5</u>			
City of <u>Keith W. Ward</u>				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
FULL NAME <u>Keith W. Ward</u>				St., ..... Ward)			
OF CHILD				If child is not yet named, make supplemental report, as directed.			
Sex of child <u>Male</u>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 25</u> , 19 <u>24</u>		
				(Month) (Day) (Year)			
Full Name <u>Gerald Ward</u>				Full Maiden Name <u>Ira Lowe</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>27</u> (Years)			Color or Race <u>White</u>	Age at Last Birthday <u>26</u> (Years)		
Birthplace <u>Michigan</u>				Birthplace <u>Housewife Lowe</u>			
Occupation (And Industry) <u>Mechanic</u>				Occupation (And Industry) <u>Housewife</u>			
Number of child of this mother <u>1</u>				Number of children, of this mother, now living <u>1</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 8:01 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) L. L. McLaughlin M.D.Dated Aug 26 19 24 (Attending physician, midwife, father, etc.)\*Address VermontvilleFiled Aug 27 19 24 L. H. Lamb Registrar.