

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		RECORD OF BIRTH	
County of <u>Oshtemo</u>		Division of Vital Statistics.		Registered No. <u>5</u>	
Township of <u>Vermontville</u>					
Village of <u>'</u>		(No. <u>'</u> St. <u>'</u> Ward <u>'</u> )			
City of <u>'</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
FULL NAME <u>Barbara Louise Lathrop</u>				If child is not yet named, make supplemental report, as directed.	
OF CHILD <u>'</u>					
Sex of child <u>Female</u>	Twin, triplet, or other? <u>'</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Nov 9</u> , 19 <u>24</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>William Lathrop</u>			Full Maiden Name <u>Leta Green</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>28</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>23</u> (Years)		
Birthplace <u>Mich</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>laborer</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>2</u>			Number of children, of this mother, now living <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born at 6 P. 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. D. McLaughlin M D  
Dated 11/10 1924  
Address Vermontville (Attending physician, midwife, father, etc.)  
Filed 11/14 1924 L. H. Paul  
Registrar.