PLACE OF BIRTH

County of Ion

Township of Vermontville

or

Village of "

or

City of

FULL NAME OF CHILD Patricia Rayner

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 7

(No. ..... St., ... Ward)

(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	Twin, triplet, or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		Yes	Nov 9, 1924

FATHER		MOTHER	
Full Name	Lester Rayner	Full Maiden Name	Alice Boyd
Residence (P. O. Address)	Ionia Rapids, Mich	Residence (P. O. Address)	Vermontville.
Color or Race	White	Color or Race	White
Age at Last Birthday	20 (Years)	Age at Last Birthday	19 (Years)
Birthplace	Mich	Birthplace	Mich
Occupation (And Industry)	Laborer	Occupation (And Industry)	Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 6 A 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) E. L. D. Mc Laughlin M.D.

Dated 11/10 1924

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

Address Vermontville

Filed 11/12 1924 L. H. Lamb

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

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