

MARGIN RESERVED FOR BINDER

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>Calhoun</u>			Division of Vital Statistics.		
Township of <u>Vermontville</u>			RECORD OF BIRTH		
Village of <u>11</u>			Registered No. <u>10</u>		
City of <u>11</u>			(No. <u>11</u> St., <u>11</u> Ward)		
FULL NAME <u>Betty Louise Warner</u>			(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
OF CHILD <u>11</u>			If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Female</u>	Twin, triplet, or other? <u>11</u>	and Number in order of birth <u>11</u>	Legitimate? <u>11</u>	Date of Birth <u>12</u> , <u>2</u> , 19 <u>24</u> (Month) (Day) (Year)	
Full Name <u>Charles Warner</u>			Full Maiden Name <u>May Fox</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>34</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>34</u> (Years)	
Birthplace <u>Ohio</u>			Birthplace <u>Michigan</u>		
Occupation (And Industry) <u>Barber</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>4</u>			Number of children, of this mother, now living <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was at 2 P. M. on the date above stated.  
(Born alive or stillborn.)Have eyes of child been treated with a prophylaxis solution? 11  
Given or christian name added from a supplemental report 19(Signature) J. R. D. No. 10000  
Dated 12/11 19 24  
Address Vermontville  
Filed 12/11 19 24  
Registrar, J. B. Ford