

PLACE OF BIRTH		MICHIGAN DEPARTMENT OF HEALTH		RECORD OF BIRTH	
County of	<i>Eaton</i>	Division of Vital Statistics.			
Township of	<i>Vermont</i>	Registered No. <i>9</i>			
or		(No. St. Ward)			
Village of	<i>11</i>	(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
City of		FULL NAME..... <i>Barth Edmund Sweet</i>			
OF CHILD		If child is not yet named, make supplemental report, as directed.			
Sex of child	<i>male</i>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <i>Yes</i>
Date of Birth		<i>11</i> <i>15</i> , 19 <i>24</i> (Month) (Day) (Year)			
Full Name			Full Maiden Name		
<i>L. J. Sweet</i>			<i>Geneva B. Gray</i>		
Residence (P. O. Address)			Residence (P. O. Address)		
<i>R. 12 # 4 Bellevue road</i>			<i>Same</i>		
Color or Race	<i>White</i>	Age at Last Birthday	<i>23</i> (Years)	Color or Race	<i>White</i>
Birthplace		Birthplace			
<i>Michigan</i>		<i>Michigan</i>			
Occupation (And Industry)		Occupation (And Industry)			
<i>Farmer</i>		<i>Housewife</i>			
Number of child of this mother..... <i>1</i>		Number of children, of this mother, now living..... <i>1</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was..... at *2d* 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. B. McLaughlin*
Dated..... *12/11* 19*24*
(Attending physician, midwife, father, etc.)
Address
Filed..... 19.....
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.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.