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.

Form 2[illegible]-21—100 Books

PLACE OF BIRTH

County of Eaton

Township of Vermontville

or

Village of "

or

City of

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 12

(No. St., Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Beverly Laurence Hall

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)
Male				Yes	Dec 28, 1924

FATHER		MOTHER	
Full Name	Ralph Hall	Full Maiden Name	Nellie R Demen
Residence (P. O. Address)	Vermontville	Residence (P. O. Address)	Vermontville
Color or Race	White	Color or Race	White
Age at Last Birthday	24 (Years)	Age at Last Birthday	28 (Years)
Birthplace	Mich	Birthplace	Mich
Occupation (And Industry)	Mason	Occupation (And Industry)	Housewife

Number of child of this mother 3 Number of children, of this mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 7 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) C. L. D. McLaughlin

Dated 12/31 1924

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

Address Vermontville

Filed 1/5 1925 L H Lam[illegible] Registrar.

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