

MARGIN RESERVE 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.

Put here on 3/10 report

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

County of *Calhoun*
Township of *Vermahille*
or
Village of *1/1*
or
City of

Registered No. *11*
St. Ward

(No. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD *Jack Donald Hess* { If child is not yet named, make supplemental report, as directed.

Sex of child *Male* Twin, triplet, or other? } and { Number in order of birth } Legitimate? *Yes* Date of Birth *Dec 27*, 1924 (Month) (Day) (Year)

Full Name FATHER *Donald Hess*

Full Maiden Name MOTHER *Serena Zantop*

Residence (P. O. Address) *Vermahille*

Residence (P. O. Address) *Vermahille*

Color or Race *White* Age at Last Birthday *26* (Years)

Color or Race *White* Age at Last Birthday *25* (Years)

Birthplace *Mich.*

Birthplace *Mich.*

Occupation (And Industry) *Undertaker*

Occupation (And Industry) *Housewife*

Number of child of this mother *9* Number of children, of this mother, now living *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was *alive* at *9:01* M. on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? *Yes*

(Signature) *B. H. Dr. McLaughlin*

Dated *Dec 30* 1925

Given or christian name added from a supplemental report *19*

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

Filed *1/5* 1925 *B. H. Lant*

Registrar.