

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.

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. 2(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 Oranosa Lou Hensler } If child is not yet named, make supplemental report, as directed.

Sex of child <u>Female</u>	Twin, triplet, or other? <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 20</u> , 19 <u>25</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Arthur Hensler</u>			Full Maiden Name <u>Lula Bulser</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>43</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>38</u> (Years)	
Birthplace <u>Mich</u>			Birthplace <u>Ohio</u>		
Occupation (And Industry) <u>laborer</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>8</u>			Number of children, of this mother, now living <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 6 00 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) B. L. W. McLaughlin m 60Dated 1/22 19 25
(Attending physician, midwife, father, etc.)*Address VermontvilleFiled 1/23 19 25 B. H. Lant
Registrar.