

MICHIGAN DEPARTMENT OF HEALTH
Division of Vital Statistics.
RECORD OF BIRTH

PLACE OF BIRTH
County of Ben
Township of Vermontville
or
Village of 1
or
City of 1
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No. 1
St. 1 Ward 1

FULL NAME Victa Eugene Bosworth
OF CHILD 1
(If child is not yet named, make supplemental report, as directed.)

Sex of child <u>Male</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>Keith Bosworth</u>			Full Maiden Name <u>Veda E. Leavelling</u>		
Residence (P. O. Address) <u>Vermontville</u>			Residence (P. O. Address) <u>Same</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>25</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>21</u> (Years)	
Birthplace <u>Mich</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>Farmer</u>			Occupation (And Industry) <u>Housewife</u>		

Number of child of this mother 1 Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was 52 at 52 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. E. Leavelling
Dated 1/25 1925
(Attending physician, midwife, father, etc.)
Address Vermontville
Filed 1/23 1925 B. H. Leavelling
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.

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

MARGIN RESERVED FOR BINDING