

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				MICHIGAN DEPARTMENT OF HEALTH			
County of <u>Calhoun</u>				Division of Vital Statistics.			
Township of <u>Vermontville</u>				RECORD OF BIRTH			
or Village of <u>Vermontville</u>				Registered No. <u>4</u>			
City of _____				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
FULL NAME OF CHILD <u>Laurena Donald Jones</u>				If child is not yet named, make supplemental report, as directed.			
Sex of child <u>Male</u>	Twin, triplet, or other? _____	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>April 18</u> , 19 <u>25</u>	(Month) (Day) (Year)	
Full Name FATHER <u>Barroll Jones</u>				Full Maiden Name MOTHER <u>Bethel Hooper</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>22</u> (Years)			Color or Race <u>White</u>	Age at Last Birthday <u>18</u> (Years)		
Birthplace <u>Nebraska</u>				Birthplace <u>Michigan</u>			
Occupation (And Industry) <u>musician</u>				Occupation (And Industry) <u>housewife</u>			
Number of child of this mother _____				Number of children, of this mother, now living _____			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ 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. D. McLaughlinDated 4/21 19 25Address Vermontville (Attending physician, midwife, father, etc.)\*Filed 4/21 19 25 B. B. Fort Registrar.