

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
MARGIN RESERVED FOR BINDING

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		Division of Vital Statistics.		RECORD OF BIRTH	
County of	<i>Calhoun</i>			Registered No.		<i>3</i>	
Township of	<i>Vermontville</i>						
or							
Village of	<i>"</i>	(No.		St.		Ward	
or		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
City of							
FULL NAME OF CHILD	<i>Helon Lucile Hawes</i>			If child is not yet named, make supplemental report, as directed.			
Sex of child	<i>Female</i>	Twin, triplet, or other?		and	Number in order of birth	Legitimate?	<i>Yes</i>
Date of Birth	<i>Feb. 28</i>						19 <i>25</i>
							(Month) (Day) (Year)
Full Name	FATHER <i>Harry Hawes</i>			MOTHER <i>Lou Ball</i>			
Residence (P. O. Address)	<i>Charlotte Mich</i>			<i>Vermontville</i>			
Color or Race	<i>White</i>	Age at Last Birthday	<i>33</i>	Color or Race		<i>White</i>	Age at Last Birthday
			(Years)				<i>31</i> (Years)
Birthplace	<i>Michigan</i>			<i>Mich</i>			
Occupation (And Industry)	<i>Farmer</i>			<i>Housewife</i>			
Number of child of this mother..... <i>3</i>				Number of children, of this mother, now living..... <i>3</i>			

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was.....*alm*.....at.....*3d*.....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. H. B. No. 100*.....  
Dated.....*3/20*.....19*25*.....  
Address.....*Vermontville*.....  
Filed.....*3/20*.....19*25*.....*B. H. B. No. 100*.....  
Registrar.