

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  
HEALTHCounty of Calm

Division of Vital Statistics.

Township of Vermontville

## RECORD OF BIRTH

Village of VermontvilleRegistered No. 6City of Vermontville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME Ladora Edith Elliston

If child is not yet named, make supplemental report, as directed.

OF CHILD

Sex of child <u>Female</u>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 17</u> , 19 <u>25</u> (Month) (Day) (Year)
Full Name <u>FATHER</u> <u>Ira Elliston</u>			Full Maiden Name <u>MOTHER</u> <u>Edith Davis</u>		
Residence (P. O. Address) <u>11 So St. &amp; Oakville</u>			Residence (P. O. Address) <u>Oakville</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>28</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>26</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 <u>3</u>			Number of children, of this mother, now living <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 11 P 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. No

(Signature) L. H. Taylor

Dated 7/20 1925

Address Vermontville Mich.

Filed 7/20 19 25 L. H. Taylor

Registrar.