

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>Cah</u>			Division of Vital Statistics.		
Township of <u>Vermontville</u>			RECORD OF BIRTH		
Village of <u>1</u>			Registered No. <u>5</u>		
City of <u>1</u>			(No. <u>1</u> St. <u>1</u> Ward <u>1</u> )		
FULL NAME OF CHILD <u>Edna Carl Hammond</u>			(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
			{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Mal</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>5/26</u> , 19 <u>25</u>
			(Month) <u>5</u> (Day) <u>26</u> (Year) <u>1925</u>		
Full Name <u>Harry Hammond</u>			Full Maiden Name <u>Bessie S. Haffen</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>32</u>			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>mail carrier</u>			Occupation (And Industry) <u>Housekeeper</u>		
Number of child of this mother <u>2</u>			Number of children, of this mother, now living <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 4 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..... 19.....

(Signature) B. K. D. Mc Gillen

Dated 5/27 1925 (Attending physician, midwife, father, etc.)

Address Vermontville

Filed 5.25 1925 B. H. Lamb Registrar.