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. MARCHA RESERVED FOR BINDING

orm 220-9-5-21--100 Books

PLACE OF BIRTH M	ICHIGAN DEPA				
County of Sala	Division of Vital Statistics.				
ownship of Vernallo RECORD OF		F BIRTH			6
or Vamble.			Registered No		
or	/TC 1 :- 11				Ward)
City of					named, make
Sex of child Twin, triplet, or other?	Number in order of birth	Legiti- mate? Zu	Date of Birth	19 19	(Dav) (Year)
Full Name Marion Aprobelle Magan		Full Maiden Name	Kole Li	HER	iga.
Residence (P. O. Address) Vermontville		Residence (P. O. Address) Varnahllo			
Color or Race Whele Birthday		Color or Race	Vhel	Age at Last Birthday	2/ (Years)
Birthplace Dollars mecken		Birthplace mr Britis mich.			
Occupation (And Industry)		Occupation (And Industry) - A Hausenski			
Number of child of this mother					
CERTIFICATE I hereby certify that I attended the bird on the date above stated. Have eyes of child been treated with	th of this child,	G PHYSICIAN who was Laws	(Born alive or st	illborn.)	1 R2.
a prophylaxis solution?					M. ms
a prophylaxis solution? Dated 8/19 19 25 Work M. Attending physician midwife, father, etc. Given or christian name added from a Address Work M. Address M					
supplemental report19		2/ 19 23		H Lab	Registrar.