

PLACE OF BIRTH
County of Calhoun
Township of Vermontville
or
Village of 11
or
City of Poulin Gene Todd
FULL NAME OF CHILD Poulin Gene Todd
Registered No. 7
(No. 11 St. 11 Ward 11)
(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>Female</u>	Twin, triplet, or other?	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 18</u> , 19 <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Arthur Todd</u>			Full Maiden Name <u>Estella Northrup</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>24</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>19</u> (Years)	
Birthplace <u>Mich.</u>			Birthplace <u>Mich.</u>		
Occupation (And Industry) <u>Merchant</u>			Occupation (And Industry) <u>Housewife</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 8 A.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. F. P. McLaughlin
Dated 7/20 1920
Address Vermontville
Filed 7/20 1920
(Attending physician, midwife, father, etc. *)
Registrar. B. F. P. McLaughlin

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.