

08

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

County of Catawba

Township of Vermontville

Village of "

City of "

FULL NAME OF CHILD Isabella Sarah

Registered No. 2

(No. St., Ward)

(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 Female Twin, triplet, or other? and Number in order of birth Legitimate? Yes Date of Birth Feb 3, 1926
(Month) (Day) (Year)

Full Name FATHER Otis Sarah

Residence (P. O. Address) Vermontville

Color or Race White Age at Last Birthday 33 (Years)

Birthplace Mich

Occupation (And Industry) mechanic

Full Maiden Name MOTHER Isabella H. rolls

Residence (P. O. Address) Vermontville

Color or Race White Age at Last Birthday 34 (Years)

Birthplace West Virginia

Occupation (And Industry) housewife

Number of child of this mother 3 Number of children, of this mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was abn at 6 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) L. L. McLaughlin

Dated 2/5 1926 (Attending physician, midwife, father, etc.)*

Address Vermontville

Filed 2/6 1926 L. H. Lamb

Registrar.

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.

MARGIN RESERVED FOR BINDING

Form 220-3-21-100 Books