Form 220-5-5.21—100 Books

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

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

County of Calin

Township of Vermontville

or

Village of "

or

City of

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 1

(No. St., Ward)

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

FULL NAME OF CHILD Barbara Ruth Ward

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

Sex of child	Twin, triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan 18, 1926

FATHER		MOTHER	
Full Name	Freeman Ward	Full Maiden Name	Velma White
Residence (P. O. Address)	Vermontville	Residence (P. O. Address)	Vermontville
Color or Race	White	Age at Last Birthday (Years)	38
Color or Race	White	Age at Last Birthday (Years)	23
Birthplace	Mich.	Birthplace	Vermontville
Occupation (And Industry)	laborer	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 alive at 4 o'cl 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) C. L. D. McLaughlin

Dated 1/21 1926

(Attending physician, midwife, father, etc.*)

Address Vermontville

Filed 1/21 1926 2 M Grant

Registrar.

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