

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 Eaton

Division of Vital Statistics.

Township of Vermontville

## RECORD OF BIRTH

Registered No. 4Village of "(No.        St.,        Ward)City of        (If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME Mildred Janette Andrews } If child is not yet named, make supplemental report, as directed.  
OF CHILD       

Sex of child <u>♀</u>	Twin, triplet, or other? <u>      </u>	and	Number in order of birth <u>      </u>	Legitimate? <u>Yes</u>	Date of Birth <u>3/12</u> , 19 <u>26</u> (Month) (Day) (Year)
Full Name <u>Don Andrews</u>			Full Maiden Name <u>Bertude Baigge</u>		
Residence (P. O. Address) <u>      </u>			Residence (P. O. Address) <u>Vermontville</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>33</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>36</u> (Years)	
Birthplace <u>Mich</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>Farmer</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>4</u>			Number of children, of this mother, now living <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was stillborn at 12<sup>10</sup> P. M.  
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with }  
 a prophylaxis solution? Yes

(Signature) B. J. McLaughlinDated 3/12 1926 (Attending physician, midwife, father, etc.)\*

Given or christian name added from a }  
 supplemental report 19

Address VermontvilleFiled 3/13 1926 B. H. East  
Registrar.