Form 220-9-5-21—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 Eaton

Township of Vermontville

or

Village of

or

City of

FULL NAME OF CHILD Donald Allen Phillips

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 3

(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	Twin, triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 1st, 1926

FATHER		MOTHER	
Full Name	Harold Phillips	Full Maiden Name	Ruby Phillips
Residence (P. O. Address)	R 7 b #7 Charlotte	Residence (P. O. Address)	~~Same~~ Charlotte R #6 #7
Color or Race	White	Age at Last Birthday (Years)	32
Color or Race	White	Age at Last Birthday (Years)	36
Birthplace	Mich.	Birthplace	Mich.
Occupation (And Industry)	salesman.	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 alone (Born alive or stillborn.) at 12 45 M. on the date above stated.

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 March 5 1926

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

Filed 3/5 1926 C. H. Lamb Registrar.

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