

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  
HEALTHCounty of Eaton

Division of Vital Statistics.

Township of Vermontville

## RECORD OF BIRTH

Registered No. 2Village of ''

(No. ....

St., ....

Ward)

or

City of Leo. Carl Stambaugh (If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME OF CHILD Leo. Carl Stambaugh

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

Sex of child <u>mal</u>	Twin, triplet, or other? <u>  </u>	and	Number in order of birth <u>  </u>	Legitimate? <u>Y</u>	Date of Birth <u>3/19</u> , 19 <u>26</u> (Month) (Day) (Year)
Full Name <u>Carl Stambaugh</u> FATHER			Full Maiden Name <u>Julie Wiley</u> MOTHER		
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>23</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>19</u> (Years)		
Birthplace <u>mal</u>			Birthplace <u>mal</u>		
Occupation (And Industry) <u>colner</u>			Occupation (And Industry) <u>housewife</u>		

Number of child of this mother 1Number of children, of this mother, now living 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

(Signature) B. S. P. McLaughlinDated 5/20 1926Address VermontvilleFiled 5/20 1926

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

B. H. Lantz

Registrar.