

PLACE OF BIRTH		MICHIGAN DEPARTMENT OF HEALTH		RECORD OF BIRTH	
County of	<u>Eaton</u>	Division of Vital Statistics.		Registered No.	<u>8</u>
Township of	<u>Vermontville</u>	(No.)	St.,	Ward
Village of	<u>Vermontville</u>	(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
City of	If child is not yet named, make supplemental report, as directed.			
FULL NAME OF CHILD <u>Vonn Allen Boyles</u>					
Sex of child	<u>Male</u>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>yes</u>
Date of Birth	<u>June</u>	<u>5</u>	<u>1926</u>	(Month)	(Day) (Year)
Full Name	<u>Albert Boyles</u>	FATHER	Full Maiden Name	<u>Bethel Rogers</u>	MOTHER
Residence (P. O. Address)	<u>Charlotte RD 10</u>	Residence (P. O. Address)	<u>Same</u>	Color or Race	<u>White</u>
Age at Last Birthday	<u>32</u>	Age at Last Birthday	<u>27</u>	(Years)	(Years)
Birthplace	<u>Mich</u>	Birthplace	<u>Mich</u>	Occupation (And Industry)	<u>Farmer</u>
Occupation (And Industry)	<u>Farmer</u>	Occupation (And Industry)	<u>Housewife</u>	Number of child of this mother	<u>2</u>
Number of child of this mother	<u>2</u>	Number of children, of this mother, now living	<u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 8 a 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 O M Laughlin
Dated 6-8-26
Address Vermontville
Filed 6-9-26
C H Lamb
Registrar.

the number of each in order of birth, stated.