

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.

MICHIGAN DEPARTMENT OF  
 HEALTH  
 Division of Vital Statistics.  
 RECORD OF BIRTH

## PLACE OF BIRTH

County of Edn  
 Township of Vermontville  
 or  
 Village of  
 or  
 City of

Registered No. 6  
 St., Ward

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

FULL NAME OF CHILD Edward Charles Briggs { If child is not yet named, make supplemental report, as directed.

Sex of child <u>male</u>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>April 9<sup>th</sup></u> , 19 <u>26</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Dewey Briggs</u>			Full Maiden Name <u>Ruth Shetenhelm</u>		
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>25</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>25</u> (Years)	
Birthplace <u>Mich</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>Laborer</u>			Occupation (And Industry) <u>housewife</u>		
Number of child of this mother <u>3</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 alive & at 11<sup>th</sup> 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) B. L. B. McLaughlin

Dated 4/12 1926  
 (Attending physician, midwife, father, etc.)\*

Address B. N. Lane

Filed 4/12 1926 B. N. Lane  
 Registrar.