

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF
HEALTHCounty of Eaton

Division of Vital Statistics.

Township of Vermontville

RECORD OF BIRTH

Village of "Registered No. 5City of "(No. " St. " Ward)

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

FULL NAME Douglas Weston RaynerOF CHILD " } If child is not yet named, make supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? <u>"</u>	and	Number in order of birth <u>"</u>	Legitimate? <u>Yes</u>	Date of Birth <u>3/13</u> , 19 <u>26</u> (Month) (Day) (Year)
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Full Name <u>Lester Rayner</u>	FATHER	Full Maiden Name <u>Slie Boyd</u>	MOTHER
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Residence (P. O. Address) <u>Baln Rapids</u>	Residence (P. O. Address) <u>Eaton Rapids</u>
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Color or Race <u>White</u>	Age at Last Birthday <u>22</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>26</u> (Years)
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Birthplace <u>Mich.</u>	Birthplace <u>Mich.</u>
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Occupation (And Industry) <u>mechanic</u>	Occupation (And Industry) <u>Housewife</u>
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Number of child of this mother 2 Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

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

Have eyes of child been treated with }
a prophylaxis solution? Yes }
(Signature) E. L. D. McLaughlinDated 3/13 1926

Given or christian name added from a

Address Vermontville (attending physician, midwife, father, etc.)supplemental report 19Filed 3/15 1926 E. H. Lark

Registrar.