

PLACE OF BIRTH
County of Eaton
Township of Vermontville
or
Village of "
or
City of "
FULL NAME
OF CHILD Lucene Dale Downing

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

Registered No. 10
St. _____ Ward _____

(No. _____) (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 <u>Male</u>	Twin, triplet, or other? <u>"</u>	and	Number in order of birth <u>26</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 2</u> , 19 <u>26</u> (Month) (Day) (Year)
FATHER Full Name <u>Olin Vesta Downing</u> Residence (P. O. Address) <u>Nashville</u> Color or Race <u>White</u> Age at Last Birthday <u>26</u> (Years) Birthplace <u>Michigan</u> Occupation (And Industry) <u>Farmer & Laborer</u>				MOTHER Full Maiden Name <u>Margaret Frances Loftis</u> Residence (P. O. Address) <u>Nashville</u> Color or Race <u>White</u> Age at Last Birthday <u>25</u> (Years) Birthplace <u>Michigan</u> Occupation (And Industry) <u>housewife</u>	

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 alive at 3:15 P. 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. H. Brown M.D.
Dated 8/5 1926
Address Nashville (Attending physician, midwife, father, etc.)*
Filed 8/5 1926 B. H. Lamb
Registrar.

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.