

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 HEALTH

County of Eaton

Division of Vital Statistics.

Township of Hermontville  
or  
Village of Hermontville (No. ....)

RECORD OF BIRTH

Registered No. 9

City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number)  
FULL NAME Dorothy Rose Hallenbeck If child is not yet named, make supplemental report, as directed.  
OF CHILD

Sex of child <u>Female</u>	Twin, triplet, or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate <u>yes</u>	Date of Birth <u>June, 18, 1926</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Byron E Hallenbeck</u>			Full Name <u>Ruth L Powers</u>		
Residence (P. O. Address) <u>27 Hermontville</u>			Residence (P. O. Address) <u>Same</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>51</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>38</u> (Years)	
Birthplace <u>Much</u>			Birthplace <u>Much</u>		
Occupation (And Industry) <u>Farmer</u>			Occupation (And Industry) <u>Housewife</u>		

Number of child of this mother 1 Number 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 alive at 11 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) L M Laughlin  
Dated 6-20-26  
(Attending physician, midwife, father, etc.)\*  
Address Hermontville  
Filed 6-20-19 St Lamb

Registrar.