

MICHIGAN DEPARTMENT OF HEALTH
RECORD OF BIRTH

PLACE OF BIRTH
County of E. Ch.
Township of Vermontville
or
Village of '
or
City of '
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Philip Ben Blanchard
(If child is not yet named, make supplemental report, as directed.)

Registered No. 1

Sex of child <u>Male</u>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>3/15</u> , 19 <u>22</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Harry B. Blanchard</u>			Full Maiden Name <u>Catherine Merster</u>		
Residence (P. O. Address) <u>Bottle Creek</u>			Residence (P. O. Address) <u>Bottle Creek</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>28</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>22</u> (Years)	
Birthplace <u>Mich.</u>			Birthplace <u>Mich.</u>		
Occupation (And Industry) <u>Colner</u>			Occupation (And Industry) <u>None</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 born at 7 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. J. W. No Loggin
Dated 3/18 1922
Address Vermontville
Filed 4/2 1922
Attending physician, midwife, father, etc.*
B. K. Lant
Registrar.

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.