

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

County of Edin  
 Township of Vermontville  
 or  
 Village of "  
 or  
 City of "

Division of Vital Statistics.  
 RECORD OF BIRTH

Registered No. 1

FULL NAME OF CHILD Leily Ben Blanchard

(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>Female</u>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>no</u>	Date of Birth <u>3/15</u> , 19 <u>27</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Harry B Blanchard</u>			Full Maiden Name <u>Batharine Merster</u>		
Residence (P. O. Address) <u>Pottle Creek</u>			Residence (P. O. Address) <u>Pottle 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>laborer</u>			Occupation (And Industry) <u>None</u>		
Number of child of this mother <u>1</u>			Number of children, of this mother, now living <u>1</u>		

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? no  
 Given or christian name added from a supplemental report 19

(Signature) B. J. W. No Logler  
 Dated 3/18 1927  
 Address Vermontville (Attending physician, midwife, father, etc.)\*  
 Filed 4/2 1927 B. K. Sant  
 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.