

## PLACE OF BIRTH

MICHIGAN DEPARTMENT OF  
HEALTH

Division of Vital Statistics.

## RECORD OF BIRTH

County of Eden  
 Township of Vermontville  
 or  
 Village of '  
 or  
 City of Lord Jr. Pitt  
 FULL NAME Lord Jr. Pitt  
 CHILD

Registered No. 11  
 (No.        St.        Ward       )

(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>1</u>	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Nov. 5</u> , 19 <u>26</u> (Month) (Day) (Year)
FATHER Name <u>Lord Pitt</u>				MOTHER Full Maiden Name <u>Bladys Boyle</u>	
Residence (P. O. Address) <u>Vermontville</u>				Residence (P. O. Address) <u>Vermontville</u>	
Color or Race <u>white</u>	Age at Last Birthday <u>34</u> (Years)		Color or Race <u>white</u>	Age at Last Birthday <u>34</u> (Years)	
Birthplace <u>Mich.</u>				Birthplace <u>Mich.</u>	
Occupation (And Industry) <u>Salesman</u>				Occupation (And Industry) <u>Housewife</u>	

Number of child of this mother 4 Number of children, of this mother, now living 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was slm at 6 A. M.  
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with  
 ophthalmic solution? Yes  
 or christian name added from a  
 supplemental report 19

(Signature) B. L. L. McLaughlin  
 Dated Nov 19 26  
 Address Vermontville (Attending physician, midwife, father, etc.)  
 Filed 11/9 1926 B. H. Lant  
 Registrar.