

PLACE OF BIRTH
 County of Calhoun
 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 Shomer Phyllis Brewer
 OF CHILD "
 (If child is not yet named, make supplemental report, as directed.)

MICHIGAN DEPARTMENT OF
 HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 3

Sex of child male Twin, triplet, or other? " and Number in order of birth " Legitimate? yes Date of Birth 5/28, 1923
 (Month) (Day) (Year)

Full Name Edward Brewer
 FATHER

Residence (P. O. Address) Vermontville

Color or Race white Age at Last Birthday 34
 (Years)

Birthplace Mich

Occupation (And Industry) Farmer

Full Maiden Name Delak Heron
 MOTHER

Residence (P. O. Address) Vermontville

Color or Race White Age at Last Birthday 26
 (Years)

Birthplace Mich

Occupation (And Industry) Housewife

Number of child of this mother 3 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 " at " 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. L. D. McLaughlin M.D.

Dated 6/6 1923 (Attending physician, midwife, father, etc.)

Address Vermontville

Filed 6/6 1923 L. H. Lamb

Registrar.

the number of each in order of birth, stated.