

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.

## PLACE OF BIRTH

MICHIGAN DEPARTMENT OF  
HEALTH

Division of Vital Statistics.

## RECORD OF BIRTH

County of EdiTownship of Vermahills

or

Village of 1'

or

City of

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME Shirley Lorraine Dodd

OF CHILD

Registered No. 4

{ If child is not yet named, make supplemental report, as directed.

Sex of child <u>2</u>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>4u</u>	Date of Birth <u>Aug 25</u> , 19 <u>23</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>John W. Kinney Dodd</u>			Full Maiden Name <u>Katie Mosier</u>		
Residence (P. O. Address) <u>Vermahills</u>			Residence (P. O. Address) <u>Vermahills</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>40</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>39</u> (Years)		
Birthplace <u>New York</u>			Birthplace <u>Mich.</u>		
Occupation (And Industry) <u>line &amp; road painter</u>			Occupation (And Industry) <u>housewife</u>		
Number of child of this mother <u>3</u>			Number of children, of this mother, now living <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 12:45 P.M. on the date above stated.  
(Born alive or stillborn.)Have eyes of child been treated with }  
a prophylaxis solution? Yes(Signature) B. H. Brown M.D.Dated 7/26 1923Given or christian name added from a supplemental report 19Address Washville  
(Attending physician, midwife, father, etc.)Filed 8 1923 B. H. Lamb

Registrar.