

PLACE OF BIRTH

County of Caton

Township of Vermontville

Village of "

City of "

FULL NAME OF CHILD Modeline Whitmore

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 5

(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	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>10/18</u> , 19 <u>21</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Hugh Whitmore</u>			Full Maiden Name <u>Velma Lamb</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>27</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>26</u> (Years)	
Birthplace <u>Mich</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>clerk</u>			Occupation (And Industry) <u>housewife</u>		

Number of child of this mother 2 Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was aln. at 1:01 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) E. L. D. McLaughlin
Dated 10/11 1921
Address Vermontville
Filed 10/11 1921

(Attending physician, midwife, father, etc.)*

B. H. Lamb
Registrar.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.