PLACE OF BIRTH

County of Oak.

Township of .....

or

Village of Vermontville.

or

City of .....

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 1

(No. ..... St., ... Ward)

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

FULL NAME OF CHILD Ilda Catherine Dean

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?	Date of Birth (Month) (Day) (Year)
Female				Yes	2 / 3, 1928

FATHER		MOTHER	
Full Name	Loren Dean	Full Maiden Name	Ella C. Brask
Residence (P. O. Address)	Vermontville	Residence (P. O. Address)	Vermontville
Color or Race	White	Color or Race	Wht
Age at Last Birthday	24 (Years)	Age at Last Birthday	21 (Years)
Birthplace	Michigan	Birthplace	Mich
Occupation (And Industry)	Farmer	Occupation (And Industry)	housewife

Number of child of this mother 1 Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive. at 9 30 A. 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) C. L. Mc Laughlin

Dated 2/28 1928

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

Address Vermontville.

Filed 2/6 1928 C H Lamb

Registrar.

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.

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

MARGIN RESERVED FOR BINDING

Form 220-5-5-21—100 Books

46