

MARGIN RESERVED FOR BINDING

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			
County of <u>East</u>				Division of Vital Statistics.			
Township of <u>Vernahill</u>				RECORD OF BIRTH			
Village of <u>11</u>				Registered No. <u>6</u>			
City of <u>11</u>				(No. <u>11</u> St. <u>11</u> Ward <u>11</u>)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)							
FULL NAME OF CHILD <u>Dorothy Mae Blodget</u>				If child is not yet named, make supplemental report, as directed.			
Sex of child <u>Female</u>	Twin, triplet, or other? <u>1</u>	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>per 8</u> , <u>1925</u>	(Month) (Day) (Year)	
FATHER				MOTHER			
Full Name <u>Martin Blodget</u>				Full Maiden Name <u>Pearl Hamilton</u>			
Residence (P. O. Address) <u>R 26 10 Charlotte Mich</u>				Residence (P. O. Address) <u>Vernahill</u>			
Color or Race <u>White</u>		Age at Last Birthday <u>25</u> (Years)		Color or Race <u>White</u>		Age at Last Birthday <u>25</u> (Years)	
Birthplace <u>Mich</u>				Birthplace <u>Mich</u>			
Occupation (And Industry) <u>Farmer</u>				Occupation (And Industry) <u>Housewife</u>			
Number of child of this mother <u>1</u>				Number of children, of this mother, now living <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 11 M. on the date above stated.Have eyes of child been treated with a prophylaxis solution? YesGiven or christian name added from a supplemental report 19(Signature) C. L. B. McLaughlinDated 12/12 1925Address Vernahill (Attending physician, midwife, father, etc.)*Filed 12/15 1925 L. H. Lamb

Registrar.