

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF
HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

County of EatonTownship of Vermontvilleor
Village of "or
City of "FULL NAME Durwood Irwin Root

OF CHILD

Registered No. 3(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 <u>male</u>	Twin, triplet, or other? <u>"</u>	and	Number in order of birth <u>"</u>	Legitimate? <u>Yes</u>	Date of Birth <u>7/11</u> , 19 <u>28</u> (Month) (Day) (Year)
Full Name <u>melvin S. Root</u>			Full Maiden Name <u>Pearle Hysse</u>		
Residence (P. O. Address) <u>Eaton Rapids</u>			Residence (P. O. Address) <u>Eaton Rapids</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>42</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>33</u> (Years)	
Birthplace <u>Chesler, Mich.</u>			Birthplace <u>Scottville, Mich.</u>		
Occupation (And Industry) <u>Farmer</u>			Occupation (And Industry) <u>housewife</u>		

Number of child of this mother 8 Number of children, of this mother, now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was " at 11 A. M.
on the date above stated.(Born alive or ~~stillborn~~)Have eyes of child been treated with
a prophylaxis solution? Yes(Signature) B. D. MerrillDated 7/13 1928 Northville, Mich.

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

Given or christian name added from a
supplemental report. 19Address NorthvilleFiled 7/14 1928 B. D. Merrill

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.

MARGIN RESERVED FOR BINDING

Form 230-9-5-21-100 Books