

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	<i>6th</i>	Division of Vital Statistics.	
Township of	<i>Vermontville</i>	RECORD OF BIRTH	
Village of		(No.	Registered No. <i>2</i>
City of		St.	Ward)
FULL NAME <i>Lyle Daniel Slanbaugh</i>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
OF CHILD		If child is not yet named, make supplemental report, as directed.	
Sex of child	<i>male</i>	Twin, triplet, or other?	and { Number in order of birth
Legitimate?	<i>Yes</i>	Date of Birth	<i>4/25</i> , 19 <i>25</i>
Full Name FATHER <i>Carl Slanbaugh</i>		Full Maiden Name MOTHER <i>Stella Wilson</i>	
Residence (P. O. Address) <i>Vermontville</i>		Residence (P. O. Address) <i>Vermontville</i>	
Color or Race	<i>White</i>	Age at Last Birthday	<i>25</i> (Years)
Color or Race	<i>White</i>	Age at Last Birthday	<i>21</i> (Years)
Birthplace	<i>Mich</i>	Birthplace	<i>Mich</i>
Occupation (And Industry) <i>section hand</i>		Occupation (And Industry) <i>housewife</i>	
Number of child of this mother <i>2</i>		Number of children, of this mother, now living <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was *alive* at *10 A*. M. on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with a prophylaxis solution? *Yes*(Signature) *L. J. M. No. Layla*Dated *5/12* 19*28*Given or christian name added from a supplemental report. *19*Address *Vermontville*
Filed *5/12* 19*28* *C. H. Land*

Registrar.