PLACE OF BIRTH

County of Eaton

Township of Vermontville

or

Village of

or

City of

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.)

FULL NAME OF CHILD Norma Violet Hammond

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)
F				Yes	Oct 16, 1928

	FATHER	MOTHER
Full Name / Full Maiden Name	Harry Hammond Norma Violet Hammond	Beulah Shaffer
Residence (P. O. Address)	Vermontville	Vermontville
Color or Race	White	White
Age at Last Birthday (Years)	38	24
Birthplace	Mich.	Mich.
Occupation (And Industry)	Mail Carrier	Housework

Number of child of this mother 3 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 alive (Born alive or stillborn.) at 7 P. M. on the date above stated.

Have eyes of child been treated with a prophylaxis solution? Yes.

Given or christian name added from a supplemental report 19

(Signature) C. L. D. McLaughlin

Dated 10/29 1928

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

Address Vermontville

Filed 10/31 1928 C. H. Lamb

Registrar.

Form 220-9-5-21—100 Books

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

MARGIN RESERVED FOR BINDING

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.

50