

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>Ech</u>				Division of Vital Statistics.			
Township of <u>Vermont</u>				RECORD OF BIRTH			
Village of <u>"</u>				Registered No. <u>4</u>			
City of <u>"</u>				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
FULL NAME <u>Barla Marie Weyant</u>				If child is not yet named, make supplemental report, as directed.			
OF CHILD <u>Weyant</u>							
Sex of child <u>L</u>	Twin, triplet, or other? <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 30,</u>	<u>1928</u>	St., Ward
Full Name <u>Basel Weyant</u>				Full Maiden Name <u>Lois 10 min</u>			
Residence (P. O. Address) <u>Vermont</u>				Residence (P. O. Address) <u>Vermont</u>			
Color or Race <u>White</u>	Age at Last Birthday <u>30</u>		Color or Race <u>White</u>		Age at Last Birthday <u>31</u>		
Birthplace <u>Michigan</u>				Birthplace <u>Michigan</u>			
Occupation (And Industry) <u>Prof Soc Station</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 alive at 7d 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) E. L. McLaughlin
 Dated July 22 1928
 Address Vermont attending physician, midwife, father, etc.*
 Filed 8/22 1928 E. H. Lant
 Registrar.