

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>Calhoun</u>			Division of Vital Statistics.		
Township of <u>Vermontville</u>			RECORD OF BIRTH		
Village of <u>"</u>			Registered No. <u>7</u>		
City of <u>"</u>			(No. <u>"</u> St. <u>"</u> Ward <u>"</u>)		
FULL NAME OF CHILD <u>Edwin Elsworth Deer</u>			(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
Sex of child <u>male</u>			Date of Birth <u>12/31</u> , 19 <u>28</u>		
Twin, triplet, or other? <u>"</u>			(Month) (Day) (Year)		
and { Number in order of birth <u>"</u> }			Legitimate? <u>Yes</u>		
Full Name FATHER <u>Rollin Deer</u>			Full Maiden Name MOTHER <u>Helena B. Deer</u>		
Residence (P. O. Address) <u>Vermontville</u>			Residence (P. O. Address) <u>Vermontville</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at Last Birthday <u>33</u> (Years)			Age at Last Birthday <u>27</u> (Years)		
Birthplace <u>Mich.</u>			Birthplace <u>Mich.</u>		
Occupation (And Industry) <u>Mechanic</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>2</u>			Number of children, of this mother, now living <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was " at " 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. R. W. Mrs. Laybourn

Dated 1/3 1929 (Attending physician, midwife, father, etc.)

Address Vermontville

Filed 1/3 1929 B. H. Lat Registrar.