

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

County of Eaton
Township of Vermontville
or
Village of MICHIGAN DEPARTMENT OF
HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 6(No. St., Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME Donald Roy Bissel
OF CHILD. } If child is not yet named, make supplemental report, as directed.Sex of child male Twin, triplet, or other? and { Number in order of birth Legitimate? 1 Date of Birth Dec 26, 1925
(Month) (Day) (Year)Full Name Willard Bissel FATHERResidence (P. O. Address) 17 & 10 S CharlotteColor or Race White Age at Last Birthday 34 (Years)Birthplace MichOccupation (And Industry) FramerFull Maiden Name Frederence Arutz MOTHERResidence (P. O. Address) S CharlotteColor or Race White Age at Last Birthday 35 (Years)Birthplace MichOccupation (And Industry) HousewifeNumber of child of this mother 2 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 at M.
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with }
a prophylaxis solution? Yes(Signature) B. L. D. McLaughlinDated 1/3 1929Given or christian name added from a supplemental report 19 Address Vermontville (Attending physician, midwife, father, etc.)*Filed 1/3 1929 B. A. Hart

Registrar.