

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 Oshtemo  
 Township of Vernadille  
 or  
 Village of 1  
 or  
 City of 1  
 FULL NAME Elizabeth Henry Wells  
 OF CHILD

MICHIGAN DEPARTMENT OF  
HEALTH

Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 8(No. 1 St., 1 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

{ If child is not yet named, make supplemental report, as directed.

Sex of child <u>male</u>	Twin, triplet, or other? <u>no</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Dec 12</u> , 19 <u>28</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Carl B. Wells</u>			Full Maiden Name <u>Alta King</u>		
Residence (P. O. Address) <u>Vernadille</u>			Residence (P. O. Address) <u>1</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>36</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>32</u> (Years)		
Birthplace <u>Mich</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>Farmer</u>			Occupation (And Industry) <u>Housewife</u>		

Number 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 oh at 6:00 M.  
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with }  
a prophylaxis solution? }Given or christian name added from a  
supplemental report 19(Signature) E. L. W. McLaughlinDated 1/4 19 29Address VernadilleFiled 1/5 19 29 E. L. W. McLaughlin

Registrar.