

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 Oshtemo  
Township of Vernadille  
or  
Village of ''  
or  
City of ''  
FULL NAME Blayne Henry Wells  
OF CHILD

Division of Vital Statistics  
RECORD OF BIRTH

Registered No. 8

(No. '' St., '' 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?	and	Number in order of birth	Legitimate? <u>Y</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>''</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>Larmer</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) B. F. W. McLaughlin  
Dated 1/4 1929  
Address Vernadille  
Filed 1/5 1929 B. H. Paul  
Registrar.