

## PLACE OF BIRTH

MICHIGAN DEPARTMENT OF  
HEALTHCounty of Eaton

Division of Vital Statistics.

Township of .....

## RECORD OF BIRTH

Registered No. 11Village of Vernontville

(No. .... St., .... Ward)

City of .....

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

FULL NAME OF CHILD Richard Forrest Babcock If child is not yet named, make supplemental report, as directed.Sex of child male Twin, triplet, or other? 1 and { Number in order of birth 1 Legitimate? yes Date of Birth May 28, 19 29 (Month) (Day) (Year)Full Name Forest Babcock FATHERFull Maiden Name Horthy Briggs MOTHERResidence (P. O. Address) Jackson MichResidence (P. O. Address) SameColor or Race white Age at Last Birthday 19 (Years)Color or Race white Age at Last Birthday 17 (Years)Birthplace MichiganBirthplace MichiganOccupation (And Industry) LaborerOccupation (And Industry) HousewifeNumber of child of this mother..... Number of children, of this mother, now living 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 29 M. on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with a prophylaxis solution? yes(Signature) C. L. W. McLaughlinDated 4-9 19 29 (Attending physician, midwife, father, etc.)\*

Given or christian name added from a supplemental report..... 19.....

Address VernontvilleFiled 4-9 19 29 C. L. Hume

Registrar.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form 220-1-100 Books