

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

County of Caton

Division of Vital Statistics.

Township of _____

RECORD OF BIRTH

Village of Vermontville

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 Arloa Lucetta Smith

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

Sex of child Female Twin, triplet, or other? _____ and Number in order of birth _____ Legitimate? yes Date of Birth 4/22, 1929
(Month) (Day) (Year)

FATHER
Full Name Arlington Smith

MOTHER
Full Maiden Name Lena Pauladeu

Residence (P. O. Address) Battle Creek Mich

Residence (P. O. Address) Same

Color or Race white Age at Last Birthday 22 (Years)

Color or Race white Age at Last Birthday 21 (Years)

Birthplace Michigan

Birthplace Mich

Occupation (And Industry) Labourer

Occupation (And Industry) Housewife

Number of child of this mother 1 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 Arloa at 39 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) C. L. Hine
Dated 5/7 1929 (Attending physician, midwife, father, etc.)*
Address
Filed 5-7 1929 C. L. Hine 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.

MARGIN RESERVED FOR BINDING

Form 220-5-5-21-100 Books