

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

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 | | Division of Vital Statistics. | | RECORD OF BIRTH | |
|--|--------------------------------|--|--------------------------------|---|--|---|--|
| County of <u>Eaton</u> | | Registered No. <u>13</u> | | St., _____ | | Ward _____ | |
| Township of _____ | | (No. _____) | | (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | |
| Village of <u>Vermontville</u> | | | | | | | |
| City of _____ | | | | | | | |
| FULL NAME OF CHILD <u>Grloa Lucetta Smith</u> | | | | | | If child is not yet named, make supplemental report, as directed. | |
| Sex of child <u>Female</u> | Twin, triplet, or other? _____ | and | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>4/22</u> , 19 <u>29</u> | (Month) (Day) (Year) | |
| FATHER | | | | MOTHER | | | |
| Full Name <u>Arlington Smith</u> | | | | Full Name <u>Lena Pauladen</u> | | | |
| Residence (P. O. Address) <u>Battle Creek Mich</u> | | | | Residence (P. O. Address) <u>Same</u> | | | |
| Color or Race <u>white</u> | | Age at Last Birthday <u>22</u> (Years) | | Color or Race <u>white</u> | | Age at Last Birthday <u>21</u> (Years) | |
| Birthplace <u>Michigan</u> | | | | Birthplace <u>Mich</u> | | | |
| Occupation (And Industry) <u>Labourer</u> | | | | Occupation (And Industry) <u>Housewife</u> | | | |
| Number of child of this mother <u>1</u> | | | | Number of children, of this mother, now living <u>1</u> | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Alive at 89 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. McLaughlin
Dated 5/7 1929 (Attending physician, midwife, father, etc.)*
Address _____
Filed 5-7 1929 C. L. McLaughlin Registrar.