

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 Catawba

Township of

or

Village of Vernontown No.

or

City of

FULL NAME

OF CHILD

Patricia Jean DickeyMICHIGAN DEPARTMENT OF
HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 12

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>Female</u>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>April</u> , <u>1</u> , 19 <u>29</u> (Month) (Day) (Year)
Full Name <u>Eugene Dickey</u>			Full Maiden Name <u>Eleonor Sprague</u>		
Residence (P. O. Address) <u>Vernontown M</u>			Residence (P. O. Address) <u>Same</u>		
Color or Race <u>white</u>	Age at Last Birthday <u>30</u> (Years)		Color or Race <u>white</u>	Age at Last Birthday <u>26</u> (Years)	
Birthplace <u>Pennsylvania</u>			Birthplace <u>Ohio</u>		
Occupation (And Industry) <u>Merchant</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>2</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 4 P M.
on the date above stated. (Born alive or stillborn)Have eyes of child been treated with
a prophylaxis solution? yesGiven or christian name added from a
supplemental report.....19.....(Signature) S L W McLaughlinDated 4-9-1929
(Attending physician, midwife, father, etc.)Address VernontownFiled 4-9-1929 E. L. Hine
Registrar.