

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  
HEALTHCounty of Eaton

Division of Vital Statistics.

Township of .....

## RECORD OF BIRTH

Registered No. 15

or

Village of Vermontville

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

or

City of .....

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

FULL NAME.....

OF CHILD Neil Franklin Hutchess

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

Sex of child <u>male</u>	Twin, triplet, or other? <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 10</u> , 19 <u>27</u> (Month) (Day) (Year)
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Full Name <u>Victor Hutchess</u>	FATHER	Full Maiden Name <u>Northey Loveland</u>	MOTHER
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Residence (P. O. Address) <u>Vermontville Mich</u>	Residence (P. O. Address) <u>Same</u>
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Color or Race <u>white</u>	Age at Last Birthday <u>23</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday <u>21</u> (Years)
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Birthplace <u>Michigan</u>	Birthplace <u>Michigan</u>
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Occupation (And Industry) <u>Mechanic</u>	Occupation (And Industry) <u>Housewife</u>
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Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>0</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was Still born at 10 9-M.  
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with  
a prophylaxis solution? .....

(Signature) C. L. M. LaughlinDated 6-17-29

(Attending physician, midwife, father, etc.)\*

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

Address VermontvilleFiled 6-21-29Registrar. Clara L. King