

Start  
Form 220-9-5-21-100 Books

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

MICHIGAN DEPARTMENT OF HEALTH

County of Eaton

Division of Vital Statistics.

Township of.....

RECORD OF BIRTH

or Village of Sennottville

Registered No. 14

or City of.....

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

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

FULL NAME OF CHILD Norman Oliver Weiler

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 ..... Legitimate? yes Date of Birth May 31, 19 29  
(Month) (Day) (Year)

Full Name FATHER Oliver Weiler Full Maiden Name MOTHER Vera Schram

Residence (P. O. Address) Sennottville Residence (P. O. Address) Same

Color or Race White Age at Last Birthday 31 Color or Race White Age at Last Birthday 27  
(Years) (Years)

Birthplace Ohio Birthplace Michigan

Occupation (And Industry) Mechanic Occupation (And Industry) Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 8 9 A.M. on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes (Signature) C. L. M. Laughlin M.D.

Dated 6-17-29 (Attending physician, midwife, father, etc.)

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

Filed June 21 19 29 Carroll Lane Registrar.