

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 <u>Eaton</u>				Division of Vital Statistics.			
Township of <u>Sennottville</u>				RECORD OF BIRTH			
Village of <u>Sennottville</u>				Registered No. <u>14</u>			
City of <u>Sennottville</u>				(No. <u>1</u> St., <u>14</u> Ward)			
FULL NAME OF CHILD <u>Norman Oliver Weiler</u>				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
Sex of child <u>Male</u>				Date of Birth <u>May 31</u> , 19 <u>29</u>			
Twin, triplet, or other? <u>1</u> and <u>1</u> in order of birth				(Month) (Day) (Year)			
Legitimate? <u>yes</u>				If child is not yet named, make supplemental report, as directed.			
FATHER				MOTHER			
Full Name <u>Oliver Weiler</u>				Full Maiden Name <u>Lera Schram</u>			
Residence (P. O. Address) <u>Sennottville</u>				Residence (P. O. Address) <u>Same</u>			
Color or Race <u>White</u>				Color or Race <u>White</u>			
Age at Last Birthday <u>31</u> (Years)				Age at Last Birthday <u>27</u> (Years)			
Birthplace <u>Ohio</u>				Birthplace <u>Michigan</u>			
Occupation (And Industry) <u>Mechanic</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>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 8 9 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. M. McLaughlin

Dated 6-17-29

(Attending physician, midwife, father, etc.)

Address Sennottville

Filed June 21 19 29

Registrar.