

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		Division of Vital Statistics.		RECORD OF BIRTH		Registered No. 17	
County of <u>Calumet</u>									
Township of									
or Village of <u>Vernontville</u>		(No.)		St.,		Ward)			
City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)							
FULL NAME OF CHILD <u>Charles Leon William</u>								If child is not yet named, make supplemental report, as directed.	
Sex of child <u>male</u>	Twin, triplet, or other? <u> </u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug</u> , <u>18</u> , 19 <u>27</u>	(Month)	(Day)	(Year)	
FATHER				MOTHER					
Full Name <u>Charles Williams</u>				Full Maiden Name <u>Rena Rath</u>					
Residence (P. O. Address) <u>Vernontville</u>				Residence (P. O. Address) <u>Same</u>					
Color or Race <u>white</u>		Age at Last Birthday <u>20</u> (Years)		Color or Race <u>white</u>		Age at Last Birthday <u>21</u> (Years)			
Birthplace <u>Michigan</u>				Birthplace <u>Michigan</u>					
Occupation (And Industry) <u>Salesman</u>				Occupation (And Industry) <u>House wife</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 11 P. M. on the date above stated.

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

Given or christian name added from a supplemental report. 19

(Signature) Ed. L. McLaughlin

Dated Aug 23 19 29

Address Vernontville Mich (Attending physician, midwife, father, etc.)*

Filed Aug 23 19 29 Paul J. ... Registrar.