

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

County of Calumet

Division of Vital Statistics.

Township of

RECORD OF BIRTH

Village of Vermontville (No. St., Ward)

Registered No. 17

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

FULL NAME OF CHILD Charles Leon Williams } If child is not yet named, make supplemental report, as directed.

Sex of child <u>male</u>	Twin, triplet, or other? <u>no</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug 18, 1929</u> (Month) (Day) (Year)
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FATHER
Full Name Claude Williams

MOTHER
Full Maiden Name Anna Rath

Residence (P. O. Address) Vermontville

Residence (P. O. Address) Same

Color or Race white Age at Last Birthday 20 (Years)

Color or Race white Age at Last Birthday 21 (Years)

Birthplace Michigan

Birthplace Michigan

Occupation (And Industry) Salesman

Occupation (And Industry) House wife

Number of child of this mother (..... Number of children, of this mother, now living 1

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. (Born alive or stillborn.)

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

(Signature) Dr. L. M. Laughlin

Given or christian name added from a supplemental report. 19

Dated Aug 23 19 29 (Attending physician, midwife, father, etc.)*

Address Vermontville Mich

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

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form 220-0-5-21—100 Books