

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

County of Eaton  
Township of.....  
or  
Village of Vermontville  
or  
City of.....

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 16  
St., ..... Ward)

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

FULL NAME OF CHILD Rachel Elaine Vile

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

Sex of child Female Twin, triplet, or other? } and Number in order of birth } Legitimate? Yes Date of Birth 8, 1, 1929  
(Month) (Day) (Year)

FATHER  
Full Name Rolla Vile  
Residence (P. O. Address) Vermontville  
Color or Race white Age at Last Birthday 33 (Years)  
Birthplace Vermontville  
Occupation (And Industry) Farmer

MOTHER  
Full Maiden Name Geo Grook  
Residence (P. O. Address) Vermontville  
Color or Race white Age at Last Birthday 34 (Years)  
Birthplace Schultz  
Occupation (And Industry) none

Number of child of this mother 5 Number of children, of this mother, now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 6 A.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) E. J. Morris  
Dated 8/5/29  
Address Nashville  
Filed 8-5 19 29  
Arthur L. Vile  
Registrar.