

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

Village of Vermontville  
 or  
 City of.....

(No. Wall Hospital St., ..... Ward) Registered No. 16

FULL NAME OF CHILD Rachel Elaine Vile

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

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 Glor Frook  
 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 Alaine at 6 AM. on the date above stated. (Born alive or stillborn.)

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

(Signature) E. J. Morris

Dated 8-5-29 (Attending physician, midwife, father, etc.)\*

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

Address Nashville

Filed 8-5-29 Arthur L. Nune Registrar.