

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF
HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

County of

Township of

or

Village of *Hemondville*

or

City of

Registered No. *19*

St. Ward)

FULL NAME OF CHILD *Kathleen Ann Garchoy* { If child is not yet named, make supplemental report, as directed.

Sex of child *Female* Twin, triplet, or other? *1* and Number in order of birth *1* Legitimate? *yes* Date of Birth *Aug 22*, 19 *29*

Full Name *Bernard Garchoy* FATHER

Residence (P. O. Address) *Lake Odessa Mich*

Color or Race *white* Age at Last Birthday *22* (Years)

Full Maiden Name *Louise Graham* MOTHER

Residence (P. O. Address) *Same*

Color or Race *white* Age at Last Birthday *23* (Years)

Birthplace *Michigan*

Occupation (And Industry) *Store manager*

Birthplace *Michigan*

Occupation (And Industry) *housewife*

Number of child of this mother *1* Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was *alive* at *5 9* 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) *E. L. D. McLaughlin*

Dated *9-1* 19 *29*

Address *Hemondville Mich*

Filed *9-1* 19 *29*

Registrar.

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.

MARGIN RESERVED FOR BINDING

Form 230-2-21-100 Books