

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
HEALTHCounty of Eaton

Division of Vital Statistics.

Township of

or Village of Vernontville

or City of

RECORD OF BIRTH

Registered No. 21

(No. St., Ward)

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

FULL NAME OF CHILD Edward Lee Samke { If child is not yet named, make supplemental report, as directed.Sex of child male Twin, triplet, or other? 1 } and { Number in order of birth 1 Legitimate? 1 Date of Birth Sept 12, 19 29
(Month) (Day) (Year)Full Name FATHER Edward Lee SamkeResidence (P. O. Address) Vernontville RR. 1Color or Race white Age at Last Birthday 19 (Years)Birthplace MichiganOccupation (And Industry) FarmerFull Maiden Name MOTHER Isabelle BrunnerResidence (P. O. Address) SameColor or Race white Age at Last Birthday 18 (Years)Birthplace MichiganOccupation (And Industry) House wifeNumber 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 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. L. McLaughlinDated 9-19 19 29 (Attending physician, midwife, father, etc.)*Address VernontvilleFiled 9-19 19 29 E. L. McLaughlin Registrar.