

Plant

Form 220-9-5-21-100 Books

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.....

FULL NAME OF CHILD William Margaret Squires

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 20

(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? 1 and Number in order of birth Legitimate? yes Date of Birth 9, 2, 1929
(Month) (Day) (Year)

Full Name FATHER William Squires

Residence (P. O. Address) Vermontville Mich

Color or Race white Age at Last Birthday 30
(Years)

Birthplace New York

Occupation (And Industry) mechanist

Full Maiden Name MOTHER Margaret Strouse

Residence (P. O. Address) Same

Color or Race white Age at Last Birthday 18
(Years)

Birthplace Kansas

Occupation (And Industry) house wife

Number of child of this mother 2 Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 1 P. 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. Horn

Dated 9-19-29

Address Vermontville

Filed 9-19-29

Registrar.

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