

## PLACE OF BIRTH

County of Eaton

Township of .....

or  
Village of Vermontvilleor  
City of .....

FULL NAME

OF CHILD Dick Robert WeilerMICHIGAN DEPARTMENT OF  
HEALTH

Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 23

(No. .... St., .... Ward)

(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 Male Twin, triplet, or other? 1 and { Number in order of birth 1 Legitimate? Yes Date of Birth March, 1929  
(Month) (Day) (Year)Full Name FATHER Karl WeilerResidence (P. O. Address) VermontvilleColor or Race White Age at Last Birthday 37  
(Years)Birthplace OhioOccupation (And Industry) Garage propFull Maiden Name MOTHER Alma RaddleResidence (P. O. Address) SameColor or Race White Age at Last Birthday 30  
(Years)Birthplace OhioOccupation (And Industry) HousewifeNumber 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 Alma at 10 P. M.  
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution? YesGiven or christian name added from a  
supplemental report.....19.....(Signature) E. D. McLaughlinDated 12-21-1929 MKEAddress Vermontville  
(Attending physician, midwife, father, etc.)\*Filed 12-21-1929 Alma Raddle

Registrar.

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 220-3-5-21-100 Books