

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 Vernontville (No.)
or
City of
FULL NAME William Allen Ferris
OF CHILD

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 22
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 Dec 16, 1929
(Month) (Day) (Year)

Full Name W. Ferris FATHER

Residence (P. O. Address) Vernontville

Color or Race white Age at Last Birthday 34 (Years)

Birthplace Michigan

Occupation (And Industry) Drayman

Full Maiden Name Doris Wood MOTHER

Residence (P. O. Address) Same

Color or Race white Age at Last Birthday 24 (Years)

Birthplace Michigan

Occupation (And Industry) Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 9 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) Dr. M. S. Laughlin

Dated 12-21 1929 (Attending physician, midwife, father, etc.)*

Address

Filed 12-21 1929 Clara Hine Registrar.