

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 HEALTH		
County of <u>Eaton</u>			Division of Vital Statistics.		
Township of .....			RECORD OF BIRTH		
Village of <u>Vermontville</u>			Registered No. <u>1</u>		
City of .....			(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
FULL NAME OF CHILD <u>Loris Hammond</u>			{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Female</u>	Twin, triplet, or other? <u>1</u>	and {	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan</u> , <u>14</u> , 19 <u>30</u>
			(Month) (Day) (Year)		
FATHER			MOTHER		
Full Name <u>Armond Hammond</u>			Full Maiden Name <u>Sarah Harvey</u>		
Residence (P. O. Address) <u>Vermontville</u>			Residence (P. O. Address) <u>Same</u>		
Color or Race <u>white</u>	Age at Last Birthday <u>29</u> (Years)		Color or Race <u>white</u>	Age at Last Birthday <u>22</u> (Years)	
Birthplace <u>Mich</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>Mechanic</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>2</u>			Number of children, of this mother, now living <u>0</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 5 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) C. L. McLaughlin  
 Dated 1-16-1930  
 Address Vermontville  
 Filed 1-16-1930  
 Registrar. Blade Home