

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>Vernontville</u>		Registered No. <u>24</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>Gerald Merle Green</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>male</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>Dec 28</u> , 19 <u>29</u>		(Month) (Day) (Year)	
FATHER		MOTHER	
Full Name <u>Philip Green</u>		Full Maiden Name <u>Gladys Fox</u>	
Residence (P. O. Address) <u>Vernontville</u>		Residence (P. O. Address) <u>Vernontville</u>	
Color or Race <u>white</u>	Age at Last Birthday <u>24</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday <u>24</u> (Years)
Birthplace <u>Vernontville</u>		Birthplace <u>Charlotte Mich</u>	
Occupation (And Industry) <u>Truck Driver</u>		Occupation (And Industry) _____	
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*			
I hereby certify that I attended the birth of this child, who was <u>Alice</u> at <u>8 A.M.</u> on the date above stated. (Born alive or stillborn.)			
Have eyes of child been treated with a prophylaxis solution? <u>yes</u>		(Signature) <u>E. Morris</u>	
Given or christian name added from a supplemental report <u>19</u>		Dated <u>12-30-1929</u> (Attending physician, midwife, father, etc.)*	
		Address <u>Nashville</u>	
		Filed <u>12-30-1929</u> <u>James J. Fine</u> Registrar.	