

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

County of Eaton

Division of Vital Statistics.

Township of

RECORD OF BIRTH

Registered No. 3

Village of Vernontville

(No. St., Ward)

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Richard Donald Clarke

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>Mar 23</u> , 19 <u>30</u> (Month) (Day) (Year)
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FATHER
Full Name Stayton Clarke

MOTHER
Full Maiden Name Anna Grass

Residence (P. O. Address) RR 1 Vernontville

Residence (P. O. Address) Same

Color or Race white Age at Last Birthday 38 (Years)

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

Birthplace Michigan

Birthplace Mich

Occupation (And Industry) Farmer

Occupation (And Industry) Housewife

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 5 P M. on the date above stated.

(Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? yes

(Signature) E. L. McLaughlin M.D.

Given or christian name added from a supplemental report..... 19.....

Dated 4-14 1930

Address Vernontville
Filed 4-14 1930 Clarke 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 220-9-5-31-100 Books