

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.

MARGIN RESERVED FOR BINDING

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF
HEALTHCounty of Eaton

Division of Vital Statistics.

Township of

RECORD OF BIRTH

Registered No. 3

or

Village of Vernonville

(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)
FATHER			MOTHER		
Full Name <u>Stanton Clarke</u>			Full Maiden Name <u>Rena Grass</u>		
Residence (P. O. Address) <u>R.R. 1 Vernonville</u>			Residence (P. O. Address) <u>Same</u>		
Color or Race <u>white</u>	Age at Last Birthday <u>38</u> (Years)		Color or Race <u>white</u>	Age at Last Birthday <u>34</u> (Years)	
Birthplace <u>Michigan</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>Farmer</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>2</u>		

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. McLaughlinDated 4-14 1930

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report. 19Address Vernonville
Filed 4-14 1930

Registrar.