

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 Eaton

Division of Vital Statistics.

Township of

RECORD OF BIRTH

or
Village of Vermontville

Registered No. 2

City of

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

FULL NAME

OF CHILD William Augustine Lindberg

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 2</u> , 19 <u>00</u> (Month) (Day) (Year)
Full Name <u>FATHER Andrew E. Lindberg</u>			Full Maiden Name <u>MOTHER Anna Marie Olson</u>		
Residence (P. O. Address) <u>R. R. 2, Vermontville</u>			Residence (P. O. Address) <u>Same</u>		
Color or Race <u>white</u>	Age at Last Birthday <u>41</u> (Years)		Color or Race <u>white</u>	Age at Last Birthday <u>41</u> (Years)	
Birthplace <u>Illinois</u>			Birthplace <u>Norway</u>		
Occupation (And Industry) <u>Farmer</u>			Occupation (And Industry) <u>Housewife</u>		

Number of child of this mother 3

Number of children, of this mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 4 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.

Dated 4-14 1930

(Attending physician, midwife, father, etc.)

Given or christian name added from a supplemental report 19

Address Vermontville Mich
Filed 4-14 1930 Clara Hume

Registrar.