

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			
or Village of <u>Leansville</u> (No. _____)				Registered No. <u>4</u>			
or 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>Theodore Edward Hutchess</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>April</u> , <u>13</u> , 19 <u>30</u> (Month) (Day) (Year)		
FATHER				MOTHER			
Full Name <u>Victor Hutchess</u>				Full Maiden Name <u>Orthy Loueland</u>			
Residence (P. O. Address) <u>Battle Creek</u>				Residence (P. O. Address) <u>Same</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>32</u> (Years)		
Birthplace <u>Mich</u>				Birthplace <u>Michigan</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 stillborn at 4 P. M. on the date above stated. (Born alive or stillborn)Have eyes of child been treated with }
a prophylaxis solution?Given or christian name added from a
supplemental report.....19.....(Signature) E. L. McLaughlin
Dated 4-14 1930
Address Leansville
Filed 4-14 1930 Leansville
(Attending physician, midwife, father, etc.)*
Registrar.