

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
 County of Eaton
 Township of _____
 or
 Village of Seminole (No. _____) St., _____ Ward)
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

MICHIGAN DEPARTMENT OF HEALTH
 Division of Vital Statistics.
 RECORD OF BIRTH

Registered No. 4

FULL NAME OF CHILD: Theodore Edward Hutchess } If child is not yet named, make supplemental report, as directed.

Sex of child male Twin, triplet, or other? 1 } and { Number in order of birth 1 Legitimate? yes Date of Birth April, 13, 1930
 (Month) (Day) (Year)

FATHER
 Full Name Victor Hutchess
 Residence (P. O. Address) Battle Creek
 Color or Race white Age at Last Birthday 24 (Years)
 Birthplace Mich
 Occupation (And Industry) Mechanic

MOTHER
 Full Maiden Name Dorothy Loueland
 Residence (P. O. Address) Same
 Color or Race white Age at Last Birthday 32 (Years)
 Birthplace Michigan
 Occupation (And Industry) Housewife

Number of child of this mother 2 Number of children, of this mother, now living 0

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
 (Attending physician, midwife, father, etc.)*
 Address Seminole
 Filed 4-14 1930 Lawrence

Registrar.