

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		
Village of <u>Vermontville</u>			Registered No. <u>5</u>		
City of _____			(No. <u>1 at home</u> St. _____ Ward _____)		
FULL NAME OF CHILD <u>John Myron Steves</u>			(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
Sex of child <u>male</u>			Date of Birth <u>April</u> , <u>25</u> , 19 <u>30</u>		
Twin, triplet, or other? <u>1</u> and _____			(Month) (Day) (Year)		
Number in order of birth <u>1</u>			Legitimate? <u>yes</u>		
FATHER			MOTHER		
Full Name <u>Albert Selie Steves</u>			Full Maiden Name <u>Nellie Dale French</u>		
Residence (P. O. Address) <u>Vermontville Mich</u>			Residence (P. O. Address) <u>same</u>		
Color or Race <u>white</u>			Color or Race <u>white</u>		
Age at Last Birthday <u>48</u> (Years)			Age at Last Birthday <u>34</u> (Years)		
Birthplace <u>Michigan</u>			Birthplace <u>Vermontville Mich</u>		
Occupation (And Industry) <u>Farm Laborer</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>4</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 born alive at 2:59 M. on the date above stated.

(Born alive or stillborn)

Have eyes of child been treated with a prophylaxis solution? Yes(Signature) Stewart L. of Dale M.D.Dated 4-25-1930

(Attending physician, midwife, father, etc.)

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

Address Vermontville MichiganFiled 4-25-1930Clara Pine

Registrar.