

PLACE OF BIRTH

County of Eaton
 Township of _____
 or
 Village of Vermontville
 or
 City of _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

(No. (at home) Registered No. 5 St. _____ Ward _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD John Myron Steves { 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, 25, 1930
 (Month) (Day) (Year)

FATHER
 Full Name Albert Selie Steves

MOTHER
 Full Maiden Name Nellie Dale French

Residence (P. O. Address) Vermontville Mich

Residence (P. O. Address) same

Color or Race white Age at Last Birthday 48
 (Years)

Color or Race white Age at Last Birthday 34
 (Years)

Birthplace Michigan

Birthplace Vermontville Mich

Occupation (And Industry) Farm Laborer

Occupation (And Industry) Housewife

Number of child of this mother 4 Number of children, of this mother, now living 2

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. Dale M.D.
 Dated 4-25-1930 Physician
 (Attending physician, midwife, father, etc.)*

Given or christian name added from a supplemental report. _____ 19 _____

Address Ypsilville Michigan
 Filed 4-25-1930 Clara Stone Registrar.

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

Form 230-9-1-2 Books