

MICHIGAN DEPARTMENT OF
HEALTH

County of Cato

Division of Vital Statistics.

Township of.....

RECORD OF BIRTH

or
Village of Vermontville
or

Registered No. 7
St. Ward)

City of

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

FULL NAME
OF CHILD. Wale Roger Briggs

If child is not yet named, make supplemental report, as directed.

| | | | | | |
|--------------------------|-----------------------------------|--------------|-----------------------------------|------------------------|--|
| Sex of child <i>Male</i> | Twin, triplet, or other? <i>1</i> | and <i>1</i> | Number in order of birth <i>1</i> | Legitimate? <i>yes</i> | Date of Birth <i>June 2</i> , 19 <i>30</i> (Month) (Day) (Year) |
|--------------------------|-----------------------------------|--------------|-----------------------------------|------------------------|--|

Full Name **FATHER**
Dewey Briggs

Full Maiden Name **MOTHER** Ruth Shetland

Residence
(P. O. Address) *Edmonton, Alberta*

Residence
(P. O. Address) *Same*

| | |
|-------------------------------|--|
| Color or Race <i>White</i> | Age at Last Birthday <i>31</i> (Years) |
|-------------------------------|--|

| | |
|------------------|-------------------------|
| Color or Race | Age at Last Birthday |
| white | 29 (Years) |

Birthplace Michigan

Birthplace *Michigan*

Occupation
(And Industry) Taborer

Occupation
(And Industry) Housewife

Number of child of this mother..... Number of children, of this mother, now living.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 10:00 M on the date above stated.

Have eyes of child been treated with
a prophylaxis solution? Yes

(Signature) *P. L. V. M. S. K. Singh*

Dated. 6-4 19 80

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

Address Vermontville, Mich
 Filed 6-4 1930 6 and 1 and 1

Filed 6-4 1930 Edmund T. Kane
Registrar.

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.

MARGIN RESERVED FOR BINDING