

PLACE OF BIRTH
 County of Eaton
 Township of.....
 or
 Village of Vermontville (No.)
 or
 City of.....

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

Registered No. 7
 St., Ward)

FULL NAME OF CHILD Oale Rager Briggs
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 { 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 June 2, 1930
 (Month) (Day) (Year)

FATHER
 Full Name Davey Briggs
 Residence (P. O. Address) Vermontville Mich
 Color or Race white Age at Last Birthday 31 (Years)
 Birthplace Michigan
 Occupation (And Industry) Laborer

MOTHER
 Full Maiden Name Ruth Stetumhelm
 Residence (P. O. Address) Same
 Color or Race white Age at Last Birthday 29 (Years)
 Birthplace Michigan
 Occupation (And Industry) Housewife

Number of child of this mother 4 Number of children, of this mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 10³⁰ a M. on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? yes
 Given or christian name added from a supplemental report..... 19.....

(Signature) B. D. McLaughlin
 Dated 6-4 1930
 Address Vermontville Mich
 Filed 6-4 1930
 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