

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>Vernontville</u> (No. ....)		Registered No. <u>26</u>	
City of .....		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
FULL NAME OF CHILD <u>Warla June Stanbaugh</u>		} If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Female</u>	Twin, triplet, or other? <u>1</u> and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>
Date of Birth <u>June 17, 1930</u>		(Month) (Day) (Year)	
Full Name <u>Earl Stanbaugh</u>	FATHER	Full Maiden Name <u>Arlie Wilson</u>	MOTHER
Residence (P. O. Address) <u>Vernontville Mich</u>		Residence (P. O. Address) <u>Same</u>	
Color or Race <u>white</u>	Age at Last Birthday <u>28</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday <u>23</u> (Years)
Birthplace <u>Michigan</u>		Birthplace <u>Michigan</u>	
Occupation (And Industry) <u>Section Foreman</u>		Occupation (And Industry) <u>Housewife</u>	
Number of child of this mother <u>3</u>	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 6 9 M. on the date above stated. (Born alive or stillborn)

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

(Signature) E. D. McLaughlin

Dated 7-2 19 30

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

(Attending physician, midwife, father, etc.)

Address Vernontville Mich

Filed 7-2 19 30 Clara Fire Registrar.