

PLACE OF BIRTH

County of Eaton

Township of

or

Village of Vernontville

or

City of

FULL NAME.....

OF CHILD Robert Walter BabcockMICHIGAN DEPARTMENT OF
HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

*Registered No. 9

St., Ward)

(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 7-17, 1930
(Month) (Day) (Year)Full Name Forest BabcockResidence (P. O. Address) Vernontville MichColor or Race white Age at Last Birthday 20 (Years)Birthplace Traverse City MichOccupation (And Industry) laborerFull Maiden Name Worthy BiggsResidence (P. O. Address) Vernontville MichColor or Race white Age at Last Birthday 19 (Years)Birthplace Vernontville MichOccupation (And Industry) housewifeNumber of child of this mother 2 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 5:35 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) Lewell P. P. P.Dated 7-17-30 physician MRAddress Nashville, MichiganFiled 7-17-30 Clara Hink

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

Form 220-0-5-21—100 Books