

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	<u>Vermontville</u>	RECORD OF BIRTH	Registered No. <u>8</u>
or			
Village of	<u>Vermontville</u>	(No.)	St., Ward)
or			
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>Richard Earl Bama</u>		
If child is not yet named, make supplemental report, as directed.			
Sex of child	<u>Male</u>	Twin, triplet, or other? <u>1</u>	and { Number in order of birth <u>1</u> Legiti-mate? <u>no</u> Date of Birth <u>July</u> , <u>3</u> , 19 <u>30</u> (Month) (Day) (Year)
Full Name	FATHER <u>John Haley</u>		MOTHER <u>Jennie matts</u>
Residence (P. O. Address)	<u>Charlottesville</u>		<u>Grand Rapids Mich</u>
Color or Race	<u>white</u>	Age at Last Birthday <u>36</u> (Years)	Color or Race <u>white</u> Age at Last Birthday <u>33</u> (Years)
Birthplace	<u>Canada</u>		<u>Indiana</u>
Occupation (And Industry)	<u>Labourer</u>		<u>Housewife</u>
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 <u>alive</u> at <u>69</u> M. on the date above stated. (Born alive or stillborn.)			
Have eyes of child been treated with a prophylaxis solution? <u>yes</u>		(Signature) <u>E. D. McLaughlin</u> M.D.	
Given or christian name added from a supplemental report. 19		Dated <u>July 3</u> 19 <u>30</u> (Attending physician, midwife, father, etc.)	
		Address <u>Vermontville Michigan</u>	
		Filed <u>July 3</u> 19 <u>30</u> <u>Oliver Hume</u> Registrar.	