MICHIGAN DEPARTMENT OF PLACE OF BIRTH B.—In case of more than one child at a birth, a SEPARATE RETURN the number of each in order of birth, stated. HEALTH Division of Vital Statistics. County WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RECORD OF BIRTH Township of or Village of. .Ward) or If birth occurs in a hospital or other institution, give name of same City of instead of street and number.) FULL NAME If child is not yet named, make OF CHILD supplemental report, as directed. Number Twin, Date of Legiti-Sex of triplet, and in order Birth MARGIN RESERVED FOR BINDING mate? child or other? of birth Full MOTHER FATHER Full Maiden Name Name Residence Residence (P. O. Address) (P. O. Address Color Color Age at Last Birthday or Race or Race Birthday .... Years) Birthplace Birthplace Occupation (And Industry) Occupation (And Industry) Number of child of this mother. Number of children, of this mother, now fiving CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. must be made for each, I hereby certify that I attended the birth of this child, who was on the date above stated. Have eyes of child been treated with (Signature) a prophylaxis solution Dated ... 8 fe, father, etc. \* Given or christian name added from a supplemental report......19. Registrar.