

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>Vannantville</u> (No.)		Registered No. <u>10</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>Mary Ruth Melvin</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>July 24</u> , 19 <u>30</u>		(Month) (Day) (Year)	
Full Name <u>Paul Melvin</u> FATHER		Full Maiden Name <u>Addie M. Yemee</u> MOTHER	
Residence (P. O. Address) <u>Vannantville Mich</u>		Residence (P. O. Address) <u>Same</u>	
Color or Race <u>white</u>	Age at Last Birthday <u>39</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday <u>33</u> (Years)
Birthplace <u>Illinois</u>		Birthplace <u>Colorado</u>	
Occupation (And Industry) <u>Restaurant Prop</u>		Occupation (And Industry) <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>2309</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>Edna M. Laughlin</u>	
Given or christian name added from a supplemental report. 19....		Dated <u>8-28-30</u>	
		Address <u>Vannantville Mich</u>	
		Filed <u>8-28-30</u>	
		Attending physician, midwife, father, etc. *) <u>Edna M. Laughlin</u>	
		Registrar.	