PLACE OF BIRTH

County of Eaton

Township of .....

or

Village of Vermontville (No. ..... St., ... Ward)

or

City of .....

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 13

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Lois Lee Deer { If child is not yet named, make supplemental report, as directed.

Sex of child	Twin, triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		1	yes	Nov 3, 1930

FATHER		MOTHER	
Full Name	Rollin Deer	Full Maiden Name	Nellen Calon
Residence (P. O. Address)	Vermontville Mich	Residence (P. O. Address)	Same
Color or Race	White	Color or Race	White
Age at Last Birthday	39 (Years)	Age at Last Birthday	28 (Years)
Birthplace	Michigan	Birthplace	Michigan
Occupation (And Industry)	Electrician	Occupation (And Industry)	Housewife

Number of child of this mother .....

Number of children, of this mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn.) at 10 P M. on the date above stated.

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

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

(Signature) L L McLaughlin M.D.

Dated 12-10 1930

(Attending physician, midwife, father, etc.*)

Address Vermontville Mich

Filed 12-10 1930 Clara Kline

Registrar.

Form 230-5-5.21—100 Books

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.

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