

Start question  
Form 250-6-5-21-100 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.

PLACE OF BIRTH				MICHIGAN DEPARTMENT OF HEALTH			
County of <u>Eaton</u>				Division of Vital Statistics.			
Township of <u>Jennontall</u>				RECORD OF BIRTH			
Village of <u>Jennontall</u>				Registered No. <u>12</u>			
City of <u>Jennontall</u>				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
FULL NAME OF CHILD <u>Arthur P. Tyler</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>	Legitimate? <u>yes</u>	Date of Birth <u>Oct 27</u> , 19 <u>30</u>		
Full Name <u>Arthur Tyler</u>				Full Maiden Name <u>Bertie Granger</u>			
Residence (P. O. Address) <u>P.O. Hastings</u>				Residence (P. O. Address) <u>Same</u>			
Color or Race <u>White</u>	Age at Last Birthday <u>33</u>		(Years)	Color or Race <u>White</u>	Age at Last Birthday <u>32</u>		(Years)
Birthplace <u>Mich</u>				Birthplace <u>Mich</u>			
Occupation (And Industry) <u>Farmer</u>				Occupation (And Industry) <u>Housewife</u>			
Number of child of this mother <u>5</u>				Number of children, of this mother, now living <u>5</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 59 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) E. L. M. Laughlin

Dated 11-1 1930

Address Jennontall Mich

Filed 11-1 1930

Registrar.