

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

County of Eaton

Division of Vital Statistics.

Township of.....

RECORD OF BIRTH

Village of Vermontville

Registered No. 2

City of.....

(No. .... St., .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Ella Marie Hampton { If child is not yet named, make supplemental report, as directed.

Sex of child Female Twin, triplet, or other? 1 and { Number in order of birth 1 Legitimate? Yes Date of Birth Jan 5, 1931 (Month) (Day) (Year)

FATHER  
Full Name Rex Hampton  
Residence (P. O. Address) Vermontville RR. 1  
Color or Race White Age at Last Birthday 35 (Years)  
Birthplace Michigan  
Occupation (And Industry) Farmer

MOTHER  
Full Maiden Name Myrtle Heavens  
Residence (P. O. Address) Same  
Color or Race White Age at Last Birthday 31 (Years)  
Birthplace Michigan  
Occupation (And Industry) Housewife

Number of child of this mother..... Number of children, of this mother, now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P M. on the date above stated. (Born alive or stillborn)

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

(Signature) C. H. McLaughlin

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

Dated Jan 27, 1931 (Attending physician, midwife, father, etc. \*)

Address Vermontville, Mich

Filed 1-27-1931 Registrar.

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING