

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			
or Village of <u>Vernontville</u> (No.)				Registered No. <u>1</u>			
or 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>James Leslie Faust</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>12</u> , <u>31</u> , 19 <u>30</u>	(Month) (Day) (Year)	
Full Name <u>Leslie Joseph Faust</u> FATHER				Full Maiden Name <u>Aula Little</u> MOTHER			
Residence (P. O. Address) <u>Vernontville Mich</u>				Residence (P. O. Address) <u>Vernontville Mich</u>			
Color or Race <u>white</u>	Age at Last Birthday <u>23</u>		Color or Race <u>white</u>		Age at Last Birthday <u>21</u>		(Years)
Birthplace <u>Vernontville Mich</u>				Birthplace <u>River Junction Mich</u>			
Occupation (And Industry) <u>Electrician</u>				Occupation (And Industry) <u>Housewife</u>			
Number of child of this mother..... <u>1</u>				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 Born alive at 10 45 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) Stewart Lofdahl
 Dated Jan 4 19 31 Physician
 (Attending physician, midwife, father, etc. *)
 Address.....
 Filed 1-4 19 31 Stewart Lofdahl
 Registrar.