

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.

MICHIGAN DEPARTMENT OF HEALTH  
Division of Vital Statistics.  
RECORD OF BIRTH

PLACE OF BIRTH  
County of Eaton  
Township of.....  
or  
Village of Vernontville (No..... St., ..... Ward)  
or  
City of..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No. 1

FULL NAME OF CHILD James Leslie Faust } 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> (Years)	Color or Race <u>white</u>
Birthplace <u>Vernontville Mich</u>	Birthplace <u>River Junction Mich</u>		Occupation (And Industry) <u>Doctor</u>	Occupation (And Industry) <u>Housewife</u>	

Number of child of this mother..... 1..... 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<sup>40</sup> A M. on the date above stated. (Born alive or stillborn?)

Have eyes of child been treated with a prophylaxis solution? yes  
Given or christian name added from a supplemental report..... 19.....

(Signature) Stewart Lofdahl md  
Dated Jan 31 1931 Physician  
(Attending physician, midwife, father, etc. \*)  
Address.....  
Filed 1-4 1931 Stewart Lofdahl  
Registrar.

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