

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.)

FULL NAME:

OF CHILD: Shirley Ann Williams

{ If child is not yet named, make supplemental report, as directed.

Registered No. 4

Sex of child <u>Female</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>April 14</u> , 19 <u>31</u> (Month) (Day) (Year)
Full Name <u>Maude J. Williams</u>			Full Maiden Name <u>Anna Rath</u>		
Residence (P. O. Address) <u>Vernontville Mich</u>			Residence (P. O. Address) <u>Same</u>		
Color or Race <u>white</u>	Age at Last Birthday <u>22</u> (Years)		Color or Race <u>white</u>	Age at Last Birthday <u>23</u> (Years)	
Birthplace <u>Mich</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>Radio Agent</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>2</u>			Number of children, of this mother, now living <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 6 9 M.
on the date above stated. (Born alive or stillborn)Have eyes of child been treated with
a prophylaxis solution? yesGiven or christian name added from a
supplemental report.....19.....(Signature) Edw. McLughlinDated 4-18 1931

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

Address Vernontville MichFiled 4-18 1931 Edw. McLughlin

Registrar.