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 Form 220-9-5-21-100 Books

County of Control of Vital Statistics. RECORD OF BIRTH Registered No St., Ward) Or City of City of Twin, triplet, or other? and ward of birth mate? Date of mate? Date of mate? Clor or Race while Birthday Cocupation (And Industry) Age at Last Birthday Cocupation (And Industry) Age at Last Control of this mother. Number of child of this mother, now living. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Age at Last Companies of this mother, now living. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Age at Last Companies of this mother, now living. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Age at Last Companies of this mother, now living. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Age at Last Companies of this mother, now living. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Address Companies of this mother, now living. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Address Companies of this mother, now living. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Companies of this mother. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. CERTIFICATE OF AT	PLACE OF BIRTH MICHIGAN DEI	
Registered No. St., Ward	County of Qatu Division of Vi	ital Statistics.
Village of City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.) FULL NAME And Mal Wahley (If birth occurs in a hospital or other institution, give name of same instead of street and number.) FULL NAME (If birth occurs in a hospital or other institution, give name of same instead of street and number.) If child is not yet named, make supplemental report, as directed. Sex of triplet, or other? and Number in order of birth (Month) (Day) (Year Maiden Name) Full Maiden Name Full Maiden Name Residence (P. O. Address) (Years) Birthplace Color or Race (P. O. Address) (Years) Birthplace Birthplace Birthplace Occupation (And Industry) (Years) Birthplace Occupation (And Industry) (And Industry) (Years) Thereby certify that I attended the birth of this child, who was on the date above stated. Have eyes of child been treated with a prophylaxis solution? Given or christian name added from a Address (Signature) (Address) (Attending physician, midwife, father, etc.*)	Township of RECORD	OF BIRTH
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