

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>Vermontville</u>		Registered No. <u>3</u>	
or City of		St., Ward)	
FULL NAME <u>Mora Mae Makley</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
OF CHILD		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Female</u>	Twin, triplet, or other? <u>1</u>	and {	Number in order of birth
Legitimate?	Date of Birth <u>May</u> , <u>25</u> , 19 <u>31</u>	(Month) (Day) (Year)	
Full Name <u>Blake Makley</u>		Full Maiden Name <u>Doris Makley</u>	
Residence (P. O. Address) <u>R. H. 7 Charlotte</u>		Residence (P. O. Address) <u>Same</u>	
Color or Race <u>white</u>	Age at Last Birthday <u>20</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday <u>16</u> (Years)
Birthplace <u>Mich</u>		Birthplace <u>Mich</u>	
Occupation (And Industry) <u>Farmer</u>		Occupation (And Industry) <u>Housewife</u>	
Number of child of this mother		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 alive at 3⁹ 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) E. L. M. LaughlinDated 4-4-1931

(Attending physician, midwife, father, etc.)

Address VermontvilleFiled 4-4-1931 Clara Stone

Registrar.