

## PLACE OF BIRTH

County of Eaton

Township of .....

or  
Village of Summitvilleor  
City of .....

FULL NAME .....

OF CHILD Garq Dean WicksMICHIGAN DEPARTMENT OF  
HEALTH

Division of Vital Statistics.

## RECORD OF BIRTH

(No. .... St. .... Ward)

(If birth occurs in a hospital or other institution, give name of same  
instead of street and number.)Registered No. 6If child is not yet named, make  
supplemental report, as directed.Sex of child Male Twin, triplet, or other? 1 and Number in order of birth 1 Legitimate? yes Date of Birth May 17, 1931  
(Month) (Day) (Year)Full Name FATHER James E. WicksResidence (P. O. Address) DodginsColor or Race White Age at Last Birthday 36  
(Years)Birthplace MichOccupation (And Industry) MechanicFull Maiden Name MOTHER Paul B. ShellenbegerResidence (P. O. Address) SameColor or Race White Age at Last Birthday 21  
(Years)Birthplace MichOccupation (And Industry) HousewifeNumber of child of this mother 2 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 4 P. 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) P. H. McLaughlinDated 6-3 1931Address Summitville  
(Attending physician, midwife, father, etc.)\*Filed 6-3 1931 Quayle Registrar.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.

MARGIN RESERVED FOR BINDING

Form 220-9-5-21—100 Books