

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

County of Eaton

Township of \_\_\_\_\_

or Village of Summittville

or City of \_\_\_\_\_

FULL NAME OF CHILD Garq Dean Wicks

Registered No. 6

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(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 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)

FATHER Full Name James E. Wicks

MOTHER Full Maiden Name Paul B. Shellenbeger

Residence (P. O. Address) Madeline

Residence (P. O. Address) Lane

Color or Race white Age at Last Birthday 36 (Years)

Color or Race white Age at Last Birthday 21 (Years)

Birthplace Mich

Birthplace Mich

Occupation (And Industry) Mechanic

Occupation (And Industry) Housewife

Number 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<sup>15</sup> P. M. on the date above stated. (Born alive or stillborn)

Have eyes of child been treated with a prophylaxis solution? Yes

(Signature) P. H. McLaughlin

Given or christian name added from a supplemental report..... 19.....

Dated 6-3 1931

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

Address Summittville, Mich

Filed 6-3 1931 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form 250-9-5-21—100 Books