

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			
Village of <u>Vermontville</u>				Registered No. <u>5</u>			
City of				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
FULL NAME OF CHILD <u>Harold Junior M. Loughton</u>				{ If child is not yet named, make supplemental report, as directed.			
Sex of child <u>male</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</u> , <u>28</u> , 19 <u>31</u>	(Month) (Day) (Year)	
FATHER				MOTHER			
Full Name <u>Harold M. Loughton</u>				Full Maiden Name <u>Georgia Beache</u>			
Residence (P. O. Address) <u>Vermontville</u>				Residence (P. O. Address) <u>Vermontville</u>			
Color or Race <u>white</u>		Age at Last Birthday <u>26</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>Laborer</u>				Occupation (And Industry) <u>Housewife</u>			
Number of child of this mother <u>3</u>				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 8 P.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) H. L. M. LoughtonDated 5-12 1931Address Vermontville (Attending physician, midwife, father, etc.)Filed 5-13 1931Charlotte

Registrar.