

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>Vernonville</u>				Registered No. <u>7</u>			
City of .....				(No. .... St. .... Ward)			
FULL NAME OF CHILD <u>Barbara Joan Brown</u>				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
Sex of child <u>Female</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>May 29</u> , 19 <u>31</u>		(Month (Day) (Year))					
FATHER				MOTHER			
Full Name <u>Don E. Brown</u>				Full Maiden Name <u>Noma McHaff</u>			
Residence (P. O. Address) <u>R. D. Charlotte Mich</u>				Residence (P. O. Address) <u>Same</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>20</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 <u>1</u>				Number of children, of this mother, now living <u>1</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 6 a M. on the date above stated.

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

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

(Signature) Dr. D. E. Laughlin

Dated 6-22 1931

Address Vernonville Mich

Filed 6-22 1931

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

Eaton

Registrar.