

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.

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

PLACE OF BIRTH

County of Eaton

Township of _____

Village of Vernonville (No. _____ St., _____ Ward)

City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Male Junior Thompson

(If child is not yet named, make supplemental report, as directed.)

Sex of child male

Twin, triplet, or other? 1 and 1

Number in order of birth 1

Legitimate? yes

Date of Birth June 22, 1931

(Month) (Day) (Year)

Full Name Glen E. Thompson

FATHER

Residence (P. O. Address) Vernon Mich

Color or Race white

Age at Last Birthday 32 (Years)

Birthplace Black Mich

Occupation (And Industry) Blacksmith

Number of child of this mother 1

Number of children, of this mother, now living 1

Full Maiden Name Myrtle M. Pentecost

MOTHER

Residence (P. O. Address) Same

Color or Race white

Age at Last Birthday 21 (Years)

Birthplace Michigan

Occupation (And Industry) Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was female at 89 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) C. H. McLaughlin

Dated 6-23-1931

(Attending physician, midwife, father, etc.)

Address Vernonville

Filed 6-23-1931

Registrar.