

PLACE OF BIRTH

MICHIGAN DEPARTMENT OF
HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

County of Eaton

Township of

Village of Vernontown

City of

FULL NAME.....

OF CHILD Darbara Anne NorthrupRegistered No. 12

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 <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>Sept 21, 1931</u> (Month) (Day) (Year)
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FATHER		MOTHER	
Full Name <u>Wm H. Northrup</u>		Full Maiden Name <u>Leta G. Green</u>	
Residence (P. O. Address) <u>Vernontown</u>		Residence (P. O. Address) <u>Same</u>	
Color or Race <u>White</u>	Age at Last Birthday <u>21</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>24</u> (Years)
Birthplace <u>Mich</u>		Birthplace <u>Mich</u>	
Occupation (And Industry) <u>Grocer</u>		Occupation (And Industry) <u>Housewife</u>	

Number of child of this mother..... 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 12¹⁵ A.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).....

Dated 9-22-1931Address VernontownFiled 9-22-1931

(Attending physician, midwife, father, etc.)

Registrar.

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.

MARGIN RESERVED FOR BINDING

Form 220-0-0-21—100 Books