

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			
or Village of <u>Vermontville</u> (No.)				Registered No. <u>11</u>			
or 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>Douglas H. Lane</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>ye</u>	Date of Birth <u>June 22, 1931</u>		
FATHER				MOTHER			
Full Name <u>Calvin P. Lane</u>				Full Maiden Name <u>Nelda E. Robinson</u>			
Residence (P. O. Address) <u>Vermontville P.O. 2</u>				Residence (P. O. Address) <u>Lane</u>			
Color or Race <u>white</u>	Age at Last Birthday <u>33</u> (Years)			Color or Race <u>white</u>	Age at Last Birthday <u>33</u> (Years)		
Birthplace <u>Ohio</u>				Birthplace <u>Mich</u>			
Occupation (And Industry) <u>Farmer</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 <u>female</u> at <u>6 a</u> M. on the date above stated. (Born alive or stillborn.)							
Have eyes of child been treated with a prophylaxis solution?				(Signature) <u>Dr. M. E. Laughlin</u>			
Given or christian name added from a supplemental report. 19				Dated <u>6-23-31</u>			
				Address <u>Vermontville</u>			
				Filed <u>6-23-31</u>			
				Registrar. <u>D. A. Lane</u>			