

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 Eaton

Division of Vital Statistics.

Township of .....

RECORD OF BIRTH

Registered No. 13

Village of Vermontville (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 Lala Marie Shaw

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

Sex of child Female Twin, triplet, or other? 1 and Number in order of birth 1 Legitimate? yes Date of Birth Sept, 21, 1931 (Month) (Day) (Year)

FATHER Full Name Roland J. Shaw

MOTHER Full Maiden Name Barthyl H. Huffard

Residence (P. O. Address) Charlotte R70 10

Residence (P. O. Address) Same

Color or Race white Age at Last Birthday 41 (Years)

Color or Race white Age at Last Birthday 29 (Years)

Birthplace Mich

Birthplace Mich

Occupation (And Industry) Farmer

Occupation (And Industry) Housewife

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 12:30 P. M. on the date above stated. (Born alive or stillborn.)

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

(Signature) C. H. McLaughlin

Dated 9-22-1931

(Attending physician, midwife, father, etc.)

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

Address Vermontville

Filed 9-22-1931 Charles Hine Registrar.