

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

County of Eaton

Township of .....

or

Village of Vernontville (No. ....)

or

City of .....

MICHIGAN DEPARTMENT OF  
HEALTH

Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 13

St. .... Ward .....

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

FULL NAME

OF CHILD

Lola Marie Shaw

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

Sex of

child

FemaleTwin,  
triplet,  
or other?1

and

Number  
in order  
of birth1Legiti-  
mate?yes

Date of

Birth

Sept, 21, 1931

(Month)

(Day)

(Year)

Full  
Name

FATHER

Roland J. Shaw

Residence

(P. O. Address)

Charlotte R70 10Color  
or RacewhiteAge at Last  
Birthday41  
(Years)

Birthplace

MichOccupation  
(And Industry)FarmerFull  
Maiden  
Name

MOTHER

Barathy H. Hufferd

Residence

(P. O. Address)

SameColor  
or RacewhiteAge at Last  
Birthday29  
(Years)

Birthplace

Mich

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<sup>30</sup> P. M.  
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with }  
a prophylaxis solution? }

(Signature) .....

C. H. McLaughlinDated 9-22-1931

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address .....

Vernontville

supplemental report.....19.....

Filed 9-22-1931Charles Hine

Registrar.