

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH STATE County of <u>Eaton</u>		STATE OF MICHIGAN Department of Health—Division of Vital Statistics			
Township of <u>Vernontville</u> or Village of <u>Vernontville</u> or City of _____		RECORD OF BIRTH Register No. <u>14</u>			
FAMILY TO CROSS FULL NAME OF CHILD <u>Marceline Ruth Stroll</u>		{ If child is not yet named, make supplemental report, as directed.			
Sex of child <u>Female</u>	Twin, triplet, or other? <u>1</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Nov 28</u> (Month) <u>1923</u> (Day) <u>(Year)</u>	
Full Name <u>Marion F. Stroll</u>	MARION	FATHER	Full Maiden Name <u>Edna Stroll</u>	MOTHER	
Residence (P. O. Address) <u>Vernontville</u>			Residence (P. O. Address) <u>Same</u>		
Color or Race <u>white</u>	Age at Last Birthday <u>46</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday <u>39</u> (Years)		
Birthplace <u>Mich</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>Baker</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>7</u>		Number of children, of this mother, now living <u>7</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 9</u> M. on the date above stated. <u>12-1-1923</u>			(Born alive or stillborn)		
Have eyes of child been treated with one per cent solution of silver nitrate as required by law? <u>Yes</u>			(Signature) <u>Dame Laughlin</u> Dated <u>12-1-1923</u> (Attending Physician, midwife, father, etc.)		
Given or christian name added from a supplemental report <u>192</u>			Address <u>Vernontville</u> Date time <u>Same time</u> Filed <u>12-1-1923</u> Registrar.		
Was there any serious malformation or defect?					