

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 STATE

County of CalumetTownship of Vermontville

or

Village of Vermontville

or

City of VermontvilleFULL NAME OF CHILD Robert H. CooperSex of child MaleTwin, triplet, or other? 1 and 1Number in order of birth 1Legitimate? yesDate of Birth Nov 30, 1931

(Month) (Day) (Year)

Full Name Hugh F. Cooper

FATHER

Residence (P. O. Address) P.O. 7 CharlotteColor or Race whiteAge at Last Birthday 27

(Years)

Birthplace MichOccupation (And Industry) LaborerFull Name Mary E. Roat

MOTHER

Residence (P. O. Address) SameColor or Race whiteAge at Last Birthday 23

(Years)

Birthplace MichOccupation (And Industry) HousewifeNumber of child of this mother 2Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female at 8 P. M., on the date above stated. (Born alive or stillborn)

Have eyes of child been treated with one per cent solution of silver nitrate as required by law? yes

(Signature) D. H. McLaughlinDated 12-2, 1931

(Attending Physician, midwife, father, etc.)

Given or christian name added from a supplemental report _____, 192____

Address VermontvilleFiled 12-2, 1931Registrar John H. Hine

Was there any serious malformation or defect? _____