

PLACE OF BIRTH

County of Calumet

Township of _____

or

Village of Vernonville

or

City of _____

FULL NAME

OF CHILD

Homer Alonzo Baker

STATE OF MICHIGAN

Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. _____

St., _____

Ward) _____

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

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

Sex of child

maleTwin, triplet, or other? 1

and

Number in order of birth 2Legitimate? yesDate of Birth 2-28, 1932

(Month)

(Day)

(Year)

Full Name

Alonzo Edward Baker

FATHER

Full Maiden Name

Anna Luba Gable

MOTHER

Residence

(P. O. Address)

Vernonville Mich

Residence

(P. O. Address)

Vernonville Mich

Color

or Race

white

Age at Last

Birthday

47

(Years)

Color

or Race

white

Age at Last

Birthday

29

(Years)

Birthplace

Ohio

Birthplace

Michigan

Occupation

(And Industry)

Ice man

Occupation

(And Industry)

HousewifeNumber of child of this mother 3Number 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 alive at 6 9 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)

Stewart Lofgren MD

Dated

3-1, 1932

(Attending Physician, midwife, father, etc.)

Address

Vernonville Mich

Filed

3-1, 1932

Registrar.

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

Was there any serious malformation or defect? no

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form 220-9-28-28