

PLACE OF BIRTH
County of Eaton

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Township of _____
or
Village of Vermontville

Register No. 2

City of _____ (No. _____ St. _____ Wal. _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Phyllis Arlene James

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 _____ Legitimate? yes Date of Birth March, 4, 1931
(Month) (Day) (Year)

Full Name FATHER Glenn W. James

Full Maiden Name MOTHER Arlene M. Williams

Residence (P. O. Address) Charlotte Mich.

Residence (P. O. Address) Same

Color or Race White Age at Last Birthday 32
(Years)

Color or Race White Age at Last Birthday 28
(Years)

Birthplace Michigan

Birthplace Michigan

Occupation (And Industry) Mechanic

Occupation (And Industry) Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 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) C. L. D. McLaughlin

Dated 3/10, 1932

(Attending Physician, midwife, father, etc.)

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

Address Vermontville Mich

Filed March 24, 1932

Registrar. [Signature]

Was there any serious malformation or defect? No

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.

MARGIN RESERVED FOR BINDING