

PLACE OF BIRTH
County of Eaton

Township of _____
or
Village of Vermontville
or

City of _____

FULL NAME
OF CHILD Virginia Jean LaFleur

Register No. 3

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

(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 Female Twin, triplet, or other? 1 and { Number in order of birth 1 Legitimate? yes Date of Birth April, 1, 1922
(Month) (Day) (Year)

Full Name FATHER
Ernest LaFleur

Residence (P. O. Address) Vermontville

Color or Race white Age at Last Birthday 41
(Years)

Birthplace Mich.

Occupation (And Industry) Farmer

Full Maiden Name MOTHER
Mary Shepard

Residence (P. O. Address) Vermontville

Color or Race white Age at Last Birthday 35
(Years)

Birthplace Mich.

Occupation (And Industry) Housewife

Number of child of this mother 3 Number of children, of this mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 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) L. L. D. McLaughlin

Dated 4/13, 1922

(Attending Physician, midwife, father, etc.)

Given or christian name added from a
supplemental report _____, 1922

Address Vermontville

Filed 4/13, 1922

L. Lloyd J. Hitt
Registrar.

Was there any serious malformation or defect? no

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.