

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 CatonSTATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Township of _____
or
Village of Vermontville
or _____Register No. 4(No. Half Memorial Hosp St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)City of _____
FULL NAME OF CHILD Douglas Morley Stall

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

Sex of child Male Twin, triplet, or other? 1 and { Number in order of birth _____ Legitimate? yes Date of Birth April, 20, 1932
(Month) (Day) (Year)Full Name FATHER Verle StallFull Maiden Name MOTHER Dorothea Mabel FaustResidence (P. O. Address) Charlotte Mich. # 6Residence (P. O. Address) Charlotte Mich # 6Color or Race white Age at Last Birthday 23
(Years)Color or Race white Age at Last Birthday 21
(Years)Birthplace MichiganBirthplace MichiganOccupation (And Industry) Farmer.Occupation (And Industry) HousewifeNumber 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 10:10 A 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 Lofdahl, M.D.Dated 4/20, 1932 Phy.
(Attending Physician, midwife, father, etc.)*

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

Address Marshall Mich.Filed 4/28, 1932 L. Lloyd J. Hitt
Registrar.Was there any serious malformation or defect? no