Form 220—9-28-28
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

bna	Department of Health-Direction	STATE OF MICHIGAN Department of Health—Division of Vital Statistics
each	County of Caton Township of Hais and annual	RECORD OF BIRTH
le for	Village of Hermentville	Register No.
SEPARATE RETURN must be made for each, order of birth, stated.	(No.	St., Ward) 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 triplet, or other? Number in order of birth	Legiti- mate? Yes Birth May , 14, 1982 (Month) (Day) (Year)
	Full Name Deven Brigas	Maiden Ruth Shetenhelm
	Residence (P. O. Address) Vermentville	Residence (P. O. Address) Same.
a SEPA	or Race While Birthday (Years)	Color or Race White Birthday (Years)
birth, each 1	Birthplace michigan	Birthplace muchigan
than one child at a the number of	Occupation (And Industry) mechanic	Occupation (And Industry) Housewife
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
	I hereby certify that I attended the birth of this child, on the date above stated.	who was (Born alive or stillborn) at 2 M.,
case of more	Have eyes of child been treated with one per cent solution of silver nitrate as required by law? Given or christian name added from a Address	Vermentile 1. J. D. In. Langhly M. D. (Atjending Physician, midwife, father, etc.*)
110	supplemental report , 192 Filed June	13,182 Lolyd Htelt
N. B	Was there any serious malformation or defect?	Registrar.