

PLACE OF BIRTH

County of

Eaton

Township of

or

Village of

Vermontville

or

City of

FULL NAME
OF CHILD*Jauer Anne Raze*

STATE OF MICHIGAN

Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No.

7

St.,

Ward)

(No.

(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*Legiti-
mate?*yes*Date of
Birth*June 23*(Month) (Day) (Year)
*1932*Full
Name*Ernest F. Raze*

FATHER

Full
Maiden
Name*Doris J. French*

MOTHER

Residence
(P. O. Address)*R.F.D. 4 Vermontville*Residence
(P. O. Address)*Same*Color
or Race*White*Age at Last
Birthday*27*
(Years)Color
or Race*White*Age at Last
Birthday*21*
(Years)

Birthplace

North Dakota

Birthplace

*Michigan*Occupation
(And Industry)*Gas Station Prop.*Occupation
(And Industry)*Housewife*

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Alive* at *3:15* 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. J. D. McLaughlin

Dated

June 24, 1932

(Attending Physician, midwife, father, etc.)

Given or christian name added from a supplemental report, 192

Address

Vermontville

Filed

*June 24, 1932**Lloyd J. Hitt*

Registrar.

Was there any serious malformation or defect?

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

MARGIN RESERVED FOR BINDING

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.