Form 220-9-28-28

MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and
	W	B.—In

PLACE OF BIRTH OF TATE	STATE OF MICHIGAN Department of Health—Division of Vital Statistics
County of Calm	Department of Health—Division of vital Statistics
Township of HTHIE TO GROUPE	RECORD OF BIRTH
Village of Vermolville	Register No. ———————————————————————————————————
City of	occurs in a hospital or other institution, give name of same instead of street and number.)
OF CHILD Kenneth & Wu	Cleans {If child is not yet named, make supplemental report, as directed.
Sex of male triplet, or other?	Legiti- mate? gez Date of July (Bay) (Par)
Name blance & Williams	Maiden Irma a Roth -
(P. O. Address) Lake Oderse Inc	Residence (P. O. Address) Same.
or Race While Birthday (Years)	or Race While Birthday (Years)
Birthplace Jacheyan	Birthplace Inches
Occupation (And Industry) Farmer.	Occupation (And Industry) / Howeverfl
Number of child of this mother	Number of children, of this mother, now living.
CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child on the date above stated.	d, who was (Born alive or stillborn) at 9 M.,
Have eyes of child been treated with one per cent solution of silver nitrate as required by law? Dated	e) - 6. Zo. W. Mc Laughlyn-
Given or christian name added from a Address	Vermentvel (Attending Physician, midwife, father, etc.*)
supplemental report , 192 Filed	6,13,182 Lloyd gl fet.
Was there any serious malformation or defect?	Registrar.