

PLACE OF BIRTH  
County of Eaton

Township of \_\_\_\_\_  
or  
Village of Vermontville  
or

City of \_\_\_\_\_  
FULL NAME OF CHILD Verland Clarence Love

STATE OF MICHIGAN  
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 9

(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 Male Twin, triplet, or other? 1 and Number in order of birth 1 Legitimate? yes Date of Birth Sept. 12, 1932  
(Month) (Day) (Year)

FATHER  
Full Name Clarence W. Love

Residence (P. O. Address) R. 10, Charlotte Twp

Color or Race white Age at Last Birthday 20  
(Years)

Birthplace Michigan

Occupation (And Industry) Farmer

MOTHER  
Full Maiden Name S. Luella Bauer

Residence (P. O. Address) Same

Color or Race white Age at Last Birthday 18  
(Years)

Birthplace Michigan

Occupation (And Industry) Housewife

Number of child of this mother 2 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 2 P. 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. D. McLaughlin

Dated 8-28, 1932

(Attending Physician, midwife, father, etc.)

Given or christian name added from a supplemental report \_\_\_\_\_, 192\_\_\_\_

Address Vermontville Twp

Filed 9-28, 1932

Lloyd J. Hitt  
Registrar.

Was there any serious malformation or defect? no

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.