

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 OF MICHIGAN | | | |
|---|--|--|--|---|--|--|--|
| County of <u>Easton</u> | | | | Department of Health—Division of Vital Statistics | | | |
| Township of <u>Hermontville</u> | | | | RECORD OF BIRTH | | | |
| or Village of <u>Hermontville</u> | | | | Register No. <u>10</u> | | | |
| or City of <u>Jarvis</u> | | | | (No. <u>10</u> St., <u>10</u> Ward) | | | |
| FULL NAME OF CHILD <u>Jarvis Lela Atwell</u> | | | | (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | |
| Sex of child <u>Female</u> | | | | Date of Birth <u>9-3-32</u> | | | |
| Twin, triplet, or other? <u>1</u> and <u>1</u> | | | | (Month) <u>9</u> (Day) <u>3</u> (Year) <u>1932</u> | | | |
| FATHER | | | | MOTHER | | | |
| Full Name <u>William McKinley Atwell</u> | | | | Full Maiden Name <u>Sarah Elora Reynolds</u> | | | |
| Residence (P. O. Address) <u>Hermontville Mich.</u> | | | | Residence (P. O. Address) <u>Hermontville Mich.</u> | | | |
| Color or Race <u>White</u> | | | | Color or Race <u>White</u> | | | |
| Age at Last Birthday <u>34</u> (Years) | | | | Age at Last Birthday <u>34</u> (Years) | | | |
| Birthplace <u>Portland Mich.</u> | | | | Birthplace <u>Howard City Mich.</u> | | | |
| Occupation (And Industry) <u>Truck Driver</u> | | | | Occupation (And Industry) <u>Housewife</u> | | | |
| Number of child of this mother <u>7</u> | | | | Number of children, of this mother, now living <u>7</u> | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | | | |
| I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10 P</u> 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? <u>yes</u> | | | | (Signature) <u>Stewart Lofdahl, M.D.</u> | | | |
| | | | | Dated <u>9-7</u> , 19 <u>32</u> | | | |
| | | | | (Attending Physician, midwife, father, etc.)* | | | |
| Given or christian name added from a supplemental report <u>no</u> , 19 <u>32</u> | | | | Address <u>Hermontville Mich.</u> | | | |
| | | | | Filed <u>9-28</u> , 19 <u>32</u> | | | |
| Was there any serious malformation or defect? <u>no</u> | | | | Registrar. <u>Lloyd J. Hett</u> | | | |