

PLACE OF BIRTH STATE OF MICHIGAN
County of Eaton

Township of _____
or
Village of Vermontville
or

City of _____
FULL NAME OF CHILD Nancy Lou Steres

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 11

(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 Female Twin, triplet, or other? 1 and Number in order of birth 1 Legitimate? yes Date of Birth Nov., 7, 1932
(Month) (Day) (Year)

Full Name Albert C. Steres FATHER

Full Maiden Name Hellie D. French MOTHER

Residence (P. O. Address) Vermontville

Residence (P. O. Address) Vermontville

Color or Race White Age at Last Birthday 50 (Years)

Color or Race White Age at Last Birthday 34 (Years)

Birthplace Michigan

Birthplace Michigan

Occupation (And Industry) Laborer

Occupation (And Industry) Housewife

Number of child of this mother 5 Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:45 A.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) C. L. D. McLaughlin

Dated 11-12, 1932

(Attending Physician, midwife, father, etc.)

Given or christian name added from a supplemental report _____, 192

Address Vermontville Mich

Filed 11-12, 1932

Registrar.

Was there any serious malformation or defect? No

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