

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
County of EatonTownship of Vermontvilleor
Village of VermontvilleCity of Hall HospitalFULL NAME OF CHILD Russell Gilbert KingSex of child MaleTwin, triplet, or other? 1 and 1Residence (P. O. Address) R. 2. Grand LedgeColor or Race WhiteBirthplace ArkansasOccupation (And Industry) HammerNumber of child of this mother 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1:45 A. M., on the date above stated.Have eyes of child been treated with one per cent solution of silver nitrate as required by law? yes

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

Was there any serious malformation or defect? _____

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 12

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.

Date of Birth Nov. 16, 1932Full Name of Mother Dorothy Arlene AlbaughResidence (P. O. Address) R. 2. Grand LedgeColor or Race WhiteBirthplace Lansing Mich.Occupation (And Industry) HousewifeNumber of children, of this mother, now living 3(Signature) S. M. BringtonDated Nov. 16, 1932

(Attending Physician, midwife, father, etc.)

Address Charlotte Mich.Filed Nov. 20, 1932

Registrar.