

PLACE OF BIRTH
County of Easton

Township of Vermontville
or
City of Vermontville

FULL NAME
OF CHILD James Elbe Ackley

Sex of child Male
Twin, triplet, or other? No
Number in order of birth 1

FATHER
Full Name Dayton Elmer Ackley
Residence (P. O. Address) Hastings

Color or Race White
Age at Last Birthday 22 (Years)

Birthplace Charlotte

Occupation (And Industry) Machinery

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 1
St. 1 Ward 1

{ If child is not yet named, make supplemental report, as directed.

Date of Birth 4-12-1923
(Month) (Day) (Year)

MOTHER
Full Maiden Name Helen Lucile Harvey
Residence (P. O. Address) Hastings

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

Birthplace Vermontville

Occupation (And Industry) Housewife

Number of child of this mother 1 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 11¹⁵ 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) R. G. Fippie
Dated 4-15, 1923
(Attending Physician, midwife, father, etc.)

Given or christian name added from a

Address Woodland Church

Supplemental report No, 1923

Filed 4-18, 1923

Was there any serious malformation or defect? No

Registrar. S. Lloyd J. Hitt

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.

MARGIN RESERVED FOR BINDING

Form 220-9-28-28

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