

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>Eaton</u> | | | | Department of Health—Division of Vital Statistics | |
| Township of <u>Vermontville</u> | | | | RECORD OF BIRTH | |
| or <u>Vermontville</u> | | | | Register No. <u>2</u> | |
| Village of <u>Vermontville</u> | | | | (No. _____ St., _____ Ward) | |
| City of _____ | | | | (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | |
| FULL NAME OF CHILD <u>Margaret Jean Pickle</u> | | | | { If child is not yet named, make supplemental report, as directed. | |
| Sex of child <u>Female</u> | Twin, triplet, or other? <u>1</u> | and | Number in order of birth <u>1</u> | Legitimate? <u>yes</u> | Date of Birth <u>April</u> , <u>6</u> , <u>1923</u> (Month) (Day) (Year) |
| Full Name <u>Boyer O. Pickle</u> | | | Full Maiden Name <u>Hazel Wells</u> | | |
| Residence (P. O. Address) <u>R. 3. Vermontville</u> | | | Residence (P. O. Address) <u>Vermontville</u> | | |
| Color or Race <u>white</u> | Age at Last Birthday <u>41</u> (Years) | | Color or Race <u>white</u> | Age at Last Birthday <u>38</u> (Years) | |
| Birthplace <u>Michigan</u> | | | Birthplace <u>Michigan</u> | | |
| Occupation (And Industry) <u>Farmer</u> | | | Occupation (And Industry) <u>Housewife</u> | | |
| Number of child of this mother <u>4</u> | | | Number of children, of this mother, now living <u>4</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 A</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>G. L. D. McLaughlin</u> | | |
| Given or christian name added from a supplemental report _____, 192_____ | | | Dated <u>4-24</u> , <u>1923</u> | | |
| Was there any serious malformation or defect? <u>no</u> | | | Address <u>Vermontville, Mich</u> Filed <u>4-24</u> , <u>1923</u> <u>Edw. J. Hett</u> Registrar. | | |