

## PLACE OF BIRTH

County of Eaton

Township of

or Village of Vermontville

or

City of

FULL NAME OF CHILD Beverly Ann Gemke

## STATE OF MICHIGAN

Department of Health—Division of Vital Statistics

## RECORD OF BIRTH

Register No. 3

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 May, 16, 1933 (Month) (Day) (Year)Full Name Erbie GemkeResidence (P. O. Address) VermontvilleColor or Race white Age at Last Birthday 23 (Years)Birthplace Mich.Occupation (And Industry) Driver.Full Maiden Name Isabelle R. BrummResidence (P. O. Address) Same.Color or Race white Age at Last Birthday 22 (Years)Birthplace Mich.Occupation (And Industry) HousewifeNumber of child of this mother 2Number 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 P. 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) G. L. D. McLaughlinDated 6-4, 1933

(Attending Physician, midwife, father, etc.)

Given or christian name added from a supplemental report \_\_\_\_\_, 192\_\_\_\_

Address Vermontville Mich.Filed 6-4, 1933

Registrar.

Was there any serious malformation or defect? No

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