

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 County of <u>Eaton</u>		STATE OF MICHIGAN Department of Health—Division of Vital Statistics	
Township of <u>Vermontville</u>		RECORD OF BIRTH	
Village of <u>Vermontville</u>		Register No. <u>4</u>	
City of <u>Vermontville</u>		St., _____ Ward)	
FULL NAME OF CHILD <u>Germie June Faust</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
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>June</u> , <u>4</u> , 19 <u>33</u>		(Month) (Day) (Year)	
Full Name <u>Leslie Faust</u>		Full Maiden Name <u>Aubrey J. Little</u>	
Residence (P. O. Address) <u>Vermontville</u>		Residence (P. O. Address) <u>Same</u>	
Color or Race <u>White</u>	Age at Last Birthday <u>25</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>23</u> (Years)
Birthplace <u>Michigan</u>		Birthplace <u>Michigan</u>	
Occupation (And Industry) <u>Electrician</u>		Occupation (And Industry) <u>Housewife</u>	
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</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>7 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>C. L. D. McLaughlin</u>	
Dated <u>6-5</u> , 19 <u>33</u>		(Attending Physician, midwife, father, etc.)	
Given or christian name added from a supplemental report _____, 192____		Address <u>Vermontville</u>	
Filed <u>6-7</u> , 19 <u>33</u>		Registrar. <u>Lloyd J. H. H.</u>	
Was there any serious malformation or defect? <u>no</u>			