

PLACE OF BIRTH STATE
County of Eaton

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

Township of Vermontville
or
Village of Vermontville
or

RECORD OF BIRTH

Register No. 5

City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
FULL NAME OF CHILD James Harry French { If child is not yet named, make supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? <u>1</u>	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Sept</u> , <u>16</u> , 19 <u>33</u> (Month) (Day) (Year)
FATHER Full Name <u>Carl French</u> Residence (P. O. Address) <u>Vermontville R. 3</u> Color or Race <u>White</u> Age at Last Birthday <u>58</u> (Years) Birthplace _____ Occupation (And Industry) <u>Laborer</u>			MOTHER Full Maiden Name <u>Ethel Chapman</u> Residence (P. O. Address) <u>Same</u> Color or Race <u>White</u> Age at Last Birthday <u>31</u> (Years) Birthplace <u>Ohio</u> Occupation (And Industry) <u>Housewife</u>	

Number of child of this mother 5 Number of children, of this mother, now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 A. 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) L. D. McLaughlin

Dated 9-30, 1933

(Attending Physician, midwife, father, etc.)

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

Address Vermontville, Mich

Filed 9-30, 1933

Registrar. L. J. Hottel

Was there any serious malformation or defect? _____

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 220-9-28-23