

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 Village of <u>Vermontville</u>				Register No. <u>1</u>	
or (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				St., _____ Ward _____	
City of _____				Date of Birth <u>Feb. 1</u> , 19 <u>34</u>	
FULL NAME OF CHILD <u>Billie Jane Kamensky</u>				{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Female</u>	Twin, triplet, or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 1</u> , 19 <u>34</u> (Month) (Day) (Year)	
FATHER			MOTHER		
Full Name <u>Donald Leagore Kamensky</u>			Full Maiden Name <u>Alta June Casey</u>		
Residence (P. O. Address) <u>Vermontville</u>			Residence (P. O. Address) <u>Vermontville</u>		
Color or Race <u>white</u>	Age at Last Birthday <u>21</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday <u>17</u> (Years)		
Birthplace <u>N. Jackson Ind.</u>			Birthplace <u>Eagle Mich.</u>		
Occupation (And Industry) <u>Telegraph Operator</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>1</u>			Number of children, of this mother, now living <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>8:30 A.M.</u> , 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>L. Donald Kelsey M.D.</u>		
			Dated <u>Feb. 5</u> , 19 <u>34</u>		
			(Attending Physician, midwife, father, etc.*)		
Given or christian name added from a supplemental report _____, 192____			Address <u>Vermontville Mich.</u>		
			Filed <u>2-28</u> , 19 <u>34</u> <u>Lloyd J. Hett</u>		
			Registrar.		
Was there any serious malformation or defect? _____					