

6/4 To State  
7/14 To Clerk

PLACE OF BIRTH  
County of Eaton

STATE OF MICHIGAN  
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 2

Township of Vermontville  
or  
Village of Vermontville  
City of \_\_\_\_\_  
(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Roxana June Benton  
(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 June, 9, 1924  
(Month) (Day) (Year)

FATHER  
Full Name Clyde A Benton  
Residence (P. O. Address) R.D. 3 Vermontville  
Color or Race White Age at Last Birthday 32 (Years)  
Birthplace Michigan  
Occupation (And Industry) Farmer

MOTHER  
Full Maiden Name Brothy L Rogers  
Residence (P. O. Address) Same  
Color or Race White Age at Last Birthday 30 (Years)  
Birthplace Michigan  
Occupation (And Industry) Housewife

Number of child of this mother 2 Number 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 born alive at 2 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

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

Was there any serious malformation or defect? No

(Signature) C L D McLaughlin  
Dated 6/11/1924  
(Attending Physician, midwife, father, etc.)  
Address Vermontville Mich  
Filed 6/11/1924  
Registrar. J H Roberts

MARGIN RESERVED FOR BINDING

Form 220-9-28-28

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.