

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.

Form 220—9-28-28

MARGIN RESERVED FOR BINDING

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	
or Village of <u>Vermontville</u>		Register No. <u>3</u>	
or City of <u>Virginia Lou Briggs</u>		(No. <u>35-3/15/25</u> to Clerk)	
FULL NAME OF CHILD		(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>December, 19, 1934</u>		St., _____ Ward)
Full Name FATHER <u>Henry Briggs</u>		Full Maiden Name MOTHER <u>Ruth Schenck</u>	
Residence (P. O. Address) <u>Vermontville</u>		Residence (P. O. Address) <u>Vermontville</u>	
Color or Race <u>W</u>	Age at Last Birthday <u>35</u> (Years)	Color or Race <u>W</u>	Age at Last Birthday <u>34</u> (Years)
Birthplace <u>Michigan</u>		Birthplace <u>Michigan</u>	
Occupation (And Industry) <u>Mechanic</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>5</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>2309</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. W. M. Laughlin</u>	
Given or christian name added from a supplemental report _____, 192_____		Dated <u>1/2, 1935</u> (Attending Physician, midwife, father, etc.)	
Was there any serious malformation or defect? <u>no</u>		Address <u>1/2, 1935</u>	
		Filed <u>1/2, 1935</u> Registrar. <u>L. P. Hubbs</u>	