

To State 2/4  
To Clerk 3/5 33

PLACE OF BIRTH  
County of Eaton  
Township of Vermontville  
or  
Village of Vermontville  
or

RECORD OF BIRTH  
Register No. 4  
(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

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

Sex of child <u>7</u>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 24, 1935</u> (Month) (Day) (Year)
Full Name <u>Michael A Mahas</u> FATHER			Full Maiden Name <u>Mellie J. Moyer</u> MOTHER		
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>44</u> (Years)	Color or Race <u>W</u>	Age at Last Birthday <u>37</u> (Years)	Birthplace <u>Michigan</u>	
Occupation (And Industry) <u>Farmer</u>			Occupation (And Industry) <u>Housewife</u>		

Number of child of this mother 1 Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ 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) C. L. McLaughlin

Dated 2/4, 1935 (Attending Physician, midwife, father, etc.\*)

Given or christian name added from a supplemental report \_\_\_\_\_, 192\_\_\_\_ Address Vermontville  
Filed 2/4, 1935 Registrar. H. H. Webb

Was there any serious malformation or defect? no

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—9-28-28