

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>5</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>2-4</u> , 19 <u>35</u>	
FULL NAME OF CHILD <u>Douglas Richard Faust</u>				{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>M</u>	Twin, triplet, or other? _____	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>2-4</u> , 19 <u>35</u> (Month) (Day) (Year)	
Full Name <u>FATHER</u> <u>Leslie J. Faust</u>			Full Maiden Name <u>MOTHER</u> <u>Ambra S. Hitler</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>27</u> (Years)	Color or Race <u>W</u>		Age at Last Birthday <u>25</u> (Years)	
Birthplace <u>Michigan</u>			Birthplace <u>Michigan</u>		
Occupation (And Industry) <u>Merchant</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>3</u>			Number of children, of this mother, now living <u>3</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>2:30 P.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>C. L. H. McLaughlin</u>		
			Dated <u>2/7</u> , 19 <u>35</u>		
Given or christian name added from a supplemental report _____, 192____			(Attending Physician, midwife, father, etc.)		
Address <u>Vermontville</u>			Filed <u>2/7</u> , 19 <u>35</u>		
Was there any serious malformation or defect? <u>No</u>			Registrar. <u>H. R. Webb</u>		