

PLACE OF BIRTH

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

County of Caton

RECORD OF BIRTH

Township of Vermontville
or
Village of Vermontville
or

Register No. 1
St., _____ Ward)

City of _____ (If birth occurs in hospital or other institution, give name of same instead of street and number.)
FULL NAME OF CHILD Jack Von Northrup
(If child is not yet named, make supplemental report, as directed.)

Sex of child M Twin, triplet, or other? _____ and Number in order of birth _____ Legitimate? X Date of Birth March 5, 1935
(Month) (Day) (Year)

FATHER
Full Name Theodore Von Northrup

MOTHER
Full Maiden Name Andy B Lamb

Residence (P. O. Address) Vermontville

Residence (P. O. Address) Vermontville

Color or Race W Age at Last Birthdays 26 (Years)

Color or Race W Age at Last Birthday 22 (Years)

Birthplace Michigan

Birthplace Michigan

Occupation (And Industry) Laborer

Occupation (And Industry) Housewife

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 7:30 P.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. R. McLaughlin

Dated Mar 7, 1935 (Attending Physician, midwife, father, etc.*)

Given or christian name added from a supplemental report _____, 192____

Address Vermontville, Mich.

Filed 3/7, 1935 Registrar.

Was there any serious malformation or defect? No

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
Form 230-9-28-28
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.