

Form 220-0-28-28

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>Caton</u>				Department of Health—Division of Vital Statistics	
Township of <u>Vernontville</u>				RECORD OF BIRTH	
or				Register No. <u>2</u>	
Village of <u>Vernontville</u>				St. _____ Ward _____	
or				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
City of _____				Date of Birth <u>Apr 7</u> , 19 <u>35</u>	
FULL NAME OF CHILD <u>Eva Louise Gordenki</u>				{ If child is not yet named, make supplemental report, as directed.	
Sex of child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Month	(Day) (Year)
<u>Female</u>	<u>Single</u>	<u>1</u>	<u>yes</u>	<u>Apr</u>	<u>7</u> , 19 <u>35</u>
FATHER			MOTHER		
Full Name <u>Nicholi Gordenki</u>			Full Maiden Name <u>Valeria Kusera</u>		
Residence (P. O. Address) <u>R.D. 1 Vernontville</u>			Residence (P. O. Address) <u>R.D. 1 Vernontville</u>		
Color or Race	Age at Last Birthday	(Years)	Color or Race	Age at Last Birthday	(Years)
<u>White</u>	<u>37</u>		<u>white</u>	<u>32</u>	
Birthplace <u>Russia</u>			Birthplace <u>Czechoslovakia</u>		
Occupation (And Industry) <u>Core Maker</u>			Occupation (And Industry) <u>Wswf</u>		
Number of child of this mother _____			Number of children, of this mother, now living _____		
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>99</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>Dr. F. J. Paul</u>		
			Dated <u>4-11</u> , 19 <u>35</u>		
			(Attending Physician, midwife, father, etc.) <u>Physician</u>		
Given or christian name added from a supplemental report _____, 192____			Address <u>Nashville, Mich</u>		
			Filed <u>Apr 10</u> , 19 <u>35</u>		
Was there any serious malformation or defect? <u>no</u>			Registrar. <u>H. H. Tubbs</u>		