

PLACE OF BIRTH
County of Eaton
Township of Vermontville
or
Village of Vermontville
or
City of Eaton
FULL NAME
OF CHILD Elton J. Baker

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 3
St., _____ Ward)

(No. _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

{ If child is not yet named, make supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? <u>✓</u>	and {	Number in order of birth <u>✓</u>	Legitimate? <u>yes</u>	Date of Birth <u>May</u> , <u>17</u> , 19 <u>35</u> (Month) (Day) (Year)
Full Name <u>Elton J. Baker</u>			Full Maiden Name <u>Ima Lulu Gable</u>		
Residence (P. O. Address) <u>Vermontville Mich</u>			Residence (P. O. Address) <u>Vermontville Mich</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>51</u> (Years)		Color or Race <u>white</u>	Age at Last Birthday <u>31</u> (Years)	
Birthplace <u>Ohio</u>			Birthplace <u>Mich</u>		
Occupation (And Industry) <u>Farmer</u>			Occupation (And Industry) <u>Housewife</u>		

Number of child of this mother 4 Number of children, of this mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 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) Dr. J. P. Hayck
Dated 5/20, 1935
(Attending Physician, midwife, father, etc.)

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

Address Shirfield Mich
Filed 5/20, 1935
Registrar.

Was there any serious malformation or defect? _____

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form 220-9-28-28