

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.

state 7/4/35 clerk

PLACE OF BIRTH
County of Eaton
Township of Vermontville
or
Village of Vermontville
or
City of Vermontville
FULL NAME OF CHILD Jacqueline Elaine Green

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics
RECORD OF BIRTH
Register No. 4
St., 4 Ward)
(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>Female</u>	Twin, triplet, or other? <u>Single</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July</u> , <u>2</u> , 19 <u>35</u> (Month) (Day) (Year)
Full Name <u>Stanley Gordon Green</u>			Full Maiden Name <u>Edna Louise Rich</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>21</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>22</u> (Years)		
Birthplace <u>Jackson Mich</u>			Birthplace <u>Vermontville Mich</u>		
Occupation (And Industry) <u>Truck Driver</u>			Occupation (And Industry) <u>Housewife</u>		

Number of child of this mother First 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 born alive at 6 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

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

Was there any serious malformation or defect? _____

(Signature) L. Donald Kirby
Dated July 5, 1935
(Attending Physician, midwife, father, etc.)
Address Vermontville
Filed 7/4, 1935
Registrar. L. P. L. L.