

MARGIN RESERVED FOR BINDING

Form 220-9-28-28

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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 OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

County of Eaton (No. state 3/4/23 clerk)

Township of _____ or Village of Vermontville (No. _____ St., _____ Ward)

City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Jaceline Elaine Green { 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 _____	Legitimate? _____	Date of Birth <u>July 2, 1935</u> (Month) (Day) (Year)
Full Name <u>Stanley Gordon Green</u>	FATHER		Full Maiden Name <u>Edna Louise Rich</u>	MOTHER	
Residence (P. O. Address) <u>Vermontville Mich</u>	FATHER		Residence (P. O. Address) <u>Vermontville Mich</u>	MOTHER	
Color or Race <u>White</u>	Age at Last Birthday <u>21</u> (Years)	FATHER	Color or Race <u>White</u>	Age at Last Birthday <u>22</u> (Years)	MOTHER
Birthplace <u>Jackson Mich</u>	FATHER		Birthplace <u>Vermontville Mich</u>	MOTHER	
Occupation (And Industry) <u>Truck driver</u>	FATHER		Occupation (And Industry) <u>Housewife</u>	MOTHER	

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 Kelley
Dated July 5, 1935 _____
(Attending Physician, midwife, father, etc.)

Address Vermontville
Filed 7/8, 1935 _____
Registrar.

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