

PLACE OF BIRTH *Eaton* *State 9/4, 1/23 Clark*

County of *Eaton*

Township of *Lumontville*

or

Age of *Lumontville*

or

City of *Eaton*

FULL NAME OF CHILD *Arden Glenn Steves*

(No. *1* (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Register No. *5*

St., *Ward*

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

Sex of child <i>Male</i>	Twin, triplet, or other? <i>1</i>	and	Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>July 8</i> , 19 <i>35</i>
Full Name <i>Arden G Steves</i>	FATHER			Full Maiden Name <i>Nellie H French</i>	MOTHER
Residence (P. O. Address) <i>Lumontville</i>				Residence (P. O. Address) <i>Same</i>	
Color or Race <i>White</i>	Age at Last Birthday <i>54</i>	(Years)		Color or Race <i>White</i>	Age at Last Birthday <i>39</i>
Birthplace <i>Michigan</i>				Birthplace <i>Michigan</i>	
Occupation (And Industry) <i>Laborer</i>				Occupation (And Industry) <i>Housewife</i>	

Number of child of this mother *6* 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 *alive* at *8 a* 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 L D Mc Laughlin*

Dated *7/11*, 19*35*

(Attending Physician, midwife, father, etc.)

Given or christian name added from a supplemental report *no*, 19*2*

Address *7/10*, 19*35*

Filed *7/10*, 19*35*

Registrar. *H H Potts*

Was there any serious malformation or defect? *no*

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

MARGIN RESERVED FOR BINDING

Form 220—9-28-28

MARGIN RESERVED FOR BINDING

Form 220—9-28-28