

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 8/6  
10/23/35

PLACE OF BIRTH  
County of Eaton

TOWNSHIP OF Vermontville  
or  
Village of Vermontville  
or  
City of Vermontville

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

FULL NAME OF CHILD Ronald Lee Wellman

STATE OF MICHIGAN  
Department of Health—Division of Vital Statistics  
RECORD OF BIRTH  
Register No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Sex of child <u>Male</u>	Twin, triplet, or other? <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 19</u> , 19 <u>35</u> (Month) (Day) (Year)
Full Name <u>Carl C Wellman</u> FATHER			Full Maiden Name <u>Bertha M Wellman</u> MOTHER		
Residence (P. O. Address) <u>Vermontville</u>			Residence (P. O. Address) <u>Same</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>39</u> (Years)	Color or Race <u>White</u>		Age at Last Birthday <u>40</u> (Years)	
Birthplace <u>Michigan</u>			Birthplace <u>Michigan</u>		
Occupation (And Industry) <u>laborer</u>			Occupation (And Industry) <u>housewife</u>		

Number of child of this mother 5 Number of children, of this mother, now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Carl at 3 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) C L W McLaughlin  
Dated 7/21, 1935  
(Attending Physician, midwife, father, etc.)

Given or christian name added from a supplemental report \_\_\_\_\_, 192 Address Vermontville  
Filed 7/22, 1935 Registrar. HRT

Was there any serious malformation or defect? no