

State 10/4
To clerk 10/3

PLACE OF BIRTH

County of Eaton

Township of _____
or
Village of Humontville
or

City of _____
FULL NAME OF CHILD Lynnwood George Benton

STATE OF MICHIGAN

Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 7
St., _____ Ward)

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>Sept</u> , <u>20</u> , 19 <u>35</u> (Month) (Day) (Year)
Full Name <u>Clyde Arthur Benton</u>		FATHER		Full Maiden Name <u>Brothy Louise Rogers</u>	
Residence (P. O. Address) <u>Marshall RD 3</u>				Residence (P. O. Address) <u>Same</u>	
Color or Race <u>White</u>	Age at Last Birthday <u>34</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>31</u> (Years)		
Birthplace <u>Michigan</u>		Birthplace <u>Michigan</u>			
Occupation (And Industry) <u>Farmer</u>		Occupation (And Industry) <u>Housewife</u>			

Number of child of this mother 3 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 5²⁷ 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) G. L. L. McLaughlin
Dated 9/22, 1935
(Attending Physician, midwife, father, etc.)

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

Address Humontville Mich
Filed Sept 22, 1935
Registrar.

Was there any serious malformation or defect? no

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