1/2'3 Clerk and STATE OF MICHIGAN Department of Health-Division of Vital Statistics must be made for each, County of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RECORD OF BIRTH Township or Register No. Village of or (If birth occurs in a hospital or other institution, give name of same instead of street and number.) City of FULL NAME OF CHILD If child is not yet named, make supplemental report, as directed. Twin, Number Date of child at a birth, a SEPARATE RETURN number of each in order of birth, stated. Sex of Legititriplet. RESERVED FOR BINDING in order Birth. mate? child or other? of birth (Month) (Day (Year) Full Name Full Maiden Name MOTHER Residence (P. O. Address) Residence (P. O. Address 220-9-28-28 Age at Last Color Age at Last or Race Birthday or Race Birthday (Years) (Years) Birthplace Birthplace Occupation (And Industry) Occupation (And Industry MARGIN Number of child of this mother-Number of children, of this mother, now livingone CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIPE case of more than I hereby certify that I attended the birth of this child, who was on the date above stated. Have eyes of child been treated with (Signature) one per cent solution of silver nitrate as required by law? midwife, father, etc.*) (Attending Physician, Given or christian name added from a Address B.—In supplemental report-Registrar. Was there any serious malformation or defect? ż

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220-9-28-28