

## PLACE OF BIRTH

County of EatonTownship of VermontvilleCity of Stadys Leone StallFULL NAME  
OF CHILD

## STATE OF MICHIGAN

Department of Health—Division of Vital Statistics

## RECORD OF BIRTH

Register No. 9(No. 1 St., Ward)

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

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

Sex of child Female Twin, triplet, or other? Single and { Number in order of birth 1 Legitimate? yes Date of Birth December 14, 1935 (Month) (Day) (Year)Full Name Charles Nelson Stall FATHER Full Maiden Name Gwendolyn Ma Bursley MOTHERResidence (P. O. Address) Charlotte RD #5 Residence (P. O. Address) Charlotte RD #5Color or Race White Age at Last Birthday 29 (Years) Color or Race White Age at Last Birthday 25 (Years)Birthplace Charter Township Birthplace Charter TownshipOccupation (And Industry) Farmer Occupation (And Industry) HousewifeNumber of child of this mother First Number of children, of this mother, now living One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 345 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) L. Donald KelsyDated Dec 30, 1935 PhysicianAddress Vermontville Mich Attending Physician, midwife, father, etc.)\*Filed 12/30, 1935 Registrar.

Given or christian name added from a supplemental report \_\_\_\_\_, 192\_\_\_\_

Was there any serious malformation or defect? \_\_\_\_\_

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

Form 220-6-28-28

MARGIN RESERVED FOR BINDING