

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.

PLACE OF BIRTH				STATE OF MICHIGAN	
County of <u>Calumet</u>				Department of Health—Division of Vital Statistics	
Township of <u>Vermontville</u>				RECORD OF BIRTH	
or Village of <u>Vermontville</u>				Register No. <u>10</u>	
or (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				St., _____ Ward)	
City of _____				{ If child is not yet named, make supplemental report, as directed.	
FULL NAME OF CHILD <u>Samuel Earl Tubbs</u>					
Sex of child <u>Male</u>	Twin, triplet, or other? <u>Single</u>	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>December 23</u> 19 <u>25</u> (Month) (Day) (Year)	
Full Name <u>FATHER Paul Alton Tubbs</u>			Full Maiden Name <u>MOTHER Thelma Maria Weeks</u>		
Residence (P. O. Address) <u>Vermontville</u>			Residence (P. O. Address) <u>Vermontville</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>30</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>22</u> (Years)	
Birthplace <u>Vermontville</u>			Birthplace <u>Holland Mich</u>		
Occupation (And Industry) <u>Grocery Salesman</u>			Occupation (And Industry) <u>Physic</u>		
Number of child of this mother <u>First</u>			Number of children, of this mother, now living <u>one</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4:30 P.</u> 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? <u>Yes</u>			(Signature) <u>J. H. Boyd</u>		
			Dated <u>12/30, 1925</u> <u>Physician</u>		
			(Attending Physician, midwife, father, etc.)		
Given or christian name added from a supplemental report _____, 192 <u>5</u>			Address <u>Vermontville Mich</u>		
			Filed <u>12/30, 1925</u> <u>R. H. M.</u>		
			Registrar.		
Was there any serious malformation or defect? _____					