2/4 Stall				
PLACE OF BIRTH	STATE OF MICHIGAN Department of Health—Division of Vital Statistics	ч. в.		
County of		-In		
Township of	RECORD OF BIRTH	n case o		1
Village of ermontaille	Register No.	i inte		
or (No. (If birth o	St., Ward)	PLAI more		
FULL NAME Marilyn Mac	Instead of street and number.) I way for a street and number.) If child is not yet named, make supplemental report, as directed.	PLAINLY, more than		
Sex of finder triplet, or other?	Legiti- mate? Yes Birth (Month), 24, 1984 (Month) (Day) (Year)	one the		
Full Fred, C. FATHER voge	Full Maiden Name ava M. Jubbs		GIN	
(P. O. Address) / montulle	Residence (P. O. Address Samuel	UNFADING 1 at a birth, s 1 ber of each i	Form RESEI	
or Race White Birthday	Color or Bace White Age at Last 3 (100) Birthday (Years)	P " _	220- VE	
Birthplace Michigay	Birthplace Michigan and addited	SEPAR order	-28 F	
Occupation (And Industry) Farmer .	Occupation (And Industry) Houseville	SEPARATE RETURN order of birth, stated.	-28-28 FOR BII	1
Number of child of this mother 2	Number of children, of this mother, now living	ETURN, stated.	DI	
CERTIFICATE OF ATTENDIN	50	d. n	Ģ	
I hereby certify that I attended the birth of this child, who was at 8 M., on the date above stated.		must; be		
Have eyes of child been treated with one per cent solution of silver nitrate as required by law? (Signature) / Child /		made		
Given or christian name added from a Address	umontuch	OF OF		
_ supplemental report, 192 Filed/	28,1936 APMA	for each,		
Was there any serious malformation or defect?	Registrar.	, and		
		4		