

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>Eaton</u>				Department of Health—Division of Vital Statistics	
Township of <u>Vermontville</u>				RECORD OF BIRTH	
or				Register No. <u>2</u>	
Village of <u>Vermontville</u>				St., _____ Ward)	
or				(No. _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
City of _____					
FULL NAME OF CHILD <u>Alice June Van Wier</u>				{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Female</u>	Twin, triplet, or other? <u>Sing</u>	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Mar</u> , <u>4</u> , 19 <u>36</u>	
			(Month) (Day) (Year)		
Full Name <u>Clyde Van Wier</u> FATHER			Full Maiden Name <u>Alfa Reynolds</u> MOTHER		
Residence (P. O. Address) <u>Vermontville Mich</u>			Residence (P. O. Address) <u>Vermontville Mich</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>29</u>	Color or Race <u>White</u> Age at Last Birthday <u>28</u>			
		(Years) (Years)			
Birthplace <u>Woodland</u>			Birthplace <u>Vermontville Twp</u>		
Occupation (And Industry) <u>Laborer</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>4</u>			Number of children, of this mother, now living <u>3</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>12156</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>L. Donald Kelsey M.D.</u>		
			Dated <u>Mar 9, 1936</u> Physician		
			(Attending, Physician, midwife, father, etc.)		
Given or christian name added from a supplemental report _____, 192____			Address <u>Vermontville Mich</u>		
			Filed <u>3/10, 1936</u> Registrar.		
Was there any serious malformation or defect? <u>no</u>					

Clerk
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all prior
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