Stall 11/5	
PLACE OF BIRTH	STATE OF MICHIGAN
County of Easton of Clerr I	repartment of meanin-Division of vital Statistics
Township of fermontuilly	RECORD OF BIRTH
or A	
illage of (No	
or (If birth occurs in a	hospital or other institution, give name of same
FULL NAME Lack & Will	St.,   Ward)     hospital or other institution, give name of same   F     stead of street and number.)   If child is not yet named, make     {If child is not yet named, make   F     Supplemental report, as directed.   F
Sex of Male Twin, child Male or other? and Number Legiti- mate?	Date of Wat 9 2428 \$
Full Name William FATHER Hills Full Maiden	Ella La Burl Kinnels 2
(P. O. Address) 514 Neixon West mich. O.	Ella Tu Burl Kinnel of each in ord Address montully Miel in ord in ord White Age at Last 25 White Birthday (Years)
color or Race White Age at Last 2( Color Birthday (Years) or Race	
Birthplace Multipen Mich Birthplace	· Charlette March
Occupation (And Industry) Pounty Occupation (And I	ndustry) h and such a start B
Number of child of this mother Number of children, of this mother, now living IS A PERIOD	
CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE*	
I hereby certify that I attended the birth of this child, who was for at 3/30 M., on the date above stated.	
· Have eyes of child been treated with (Signature) of Klonald Kelsy	
Number of child of this mother   Number of children, of this mother, now living     Number of child of this mother   Number of children, of this mother, now living     CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE*   at 3 / 20 M.     I hereby certify that I attended the birth of this child, who was   for alive or stillborn)     I hereby certify that I attended the birth of this child, who was   for alive or stillborn)     I have eyes of child been treated with one per cent solution of cilver nitrate as required by law?   (Signature)     Given or christian name added from a   Address     Indeed   Address     Filed   Filed	
Given or christian name added from a Address Jermon with hurth g	
Was there any serious malformation or defect?	