

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>Unionville</u>				RECORD OF BIRTH			
or				Register No. <u>4</u>			
Village of <u>Unionville</u>				(No. _____ St., _____ Ward)			
or				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
City of _____				Date of Birth <u>Dec</u> , <u>30</u> , 19 <u>37</u>			
FULL NAME OF CHILD <u>Marlene Ann Faurb</u>				{ If child is not yet named, make supplemental report, as directed.			
Sex of child <u>F</u>	Twin, triplet, or other? <u>1</u>	and	Number in order of birth _____	Legitimate? <u>Y</u>	Date of Birth <u>Dec</u> , <u>30</u> , 19 <u>37</u>		
Full Name <u>Leslie F Faurb</u> FATHER				Full Maiden Name <u>Robertas Little</u> MOTHER			
Residence (P. O. Address) <u>Unionville</u>				Residence (P. O. Address) <u>Same</u>			
Color or Race <u>wh</u>	Age at Last Birthday <u>29</u>		Color or Race <u>white</u>		Age at Last Birthday <u>27</u>		
		(Years)			(Years)		
Birthplace <u>Michigan</u>				Birthplace <u>Michigan</u>			
Occupation (And Industry) <u>Electrician</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>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 9</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>C L D McLaughlin</u>			
				Dated <u>1-2</u> , 19 <u>37</u>			
				(Attending Physician, midwife, father, etc.)*			
Given or christian name added from a supplemental report _____, 19 <u>2</u>				Address _____			
				Filed <u>1-2</u> , 19 <u>37</u>			
Was there any serious malformation or defect? <u>no</u>				Registrar. <u>L P Thibault</u>			