

State 3/5
Cork

PLACE OF BIRTH

County of Eaton

Township of Vermontville

FULL NAME OF CHILD Leo Frith

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 1

(No. _____ St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

{ If child is not yet named, make supplemental report, as directed.

| | | | | | |
|---|---|----------------------------|---|------------------------|---|
| Sex of child <u>Male</u> | Twin, triplet, or other? _____ | and | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Feb 13, 1937</u> (Month) (Day) (Year) |
| FATHER | | | MOTHER | | |
| Full Name <u>Fred Francis Frith</u> | | | Full Maiden Name <u>Margaret Shetlerholm</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>35</u> (Years) | Color or Race <u>White</u> | Age at Last Birthday <u>41</u> (Years) | | |
| Birthplace <u>Eaton Co. Vermontville Twp</u> | | | Birthplace <u>Eaton Co. Vermontville</u> | | |
| Occupation (And Industry) <u>Labour</u> | | | Occupation (And Industry) <u>Housewife</u> | | |

Number of child of this mother 11 Number of children, of this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 3:30 P.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? No

(Signature) L. Donald Kelsey, M.D.
Dated Apr 13, 1937
(Attending Physician, midwife, father, etc.)*

Given or christian name added from a supplemental report _____, 192____

Address Vermontville
Filed 2/14, 1937
Registrar. J. R. Hubbs

Was there any serious malformation or defect? _____

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

Form 220—9-28-28

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