

State 3/5  
Cerk

PLACE OF BIRTH  
County of Eaton  
Township of Vermontville  
or  
City of Leo Frith  
FULL NAME OF CHILD

STATE OF MICHIGAN  
Department of Health—Division of Vital Statistics  
RECORD OF BIRTH  
Register No. 1  
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</u> , <u>13</u> , 19 <u>37</u> (Month) (Day) (Year)
FATHER Full Name <u>Fred Francis Frith</u> Residence (P. O. Address) <u>Vermontville</u> Color or Race <u>White</u> Age at Last Birthday <u>35</u> (Years) Birthplace <u>Eaton Co. Vermontville</u> Occupation (And Industry) <u>Labour</u>			MOTHER Full Maiden Name <u>Margaret Skelboorn</u> Residence (P. O. Address) <u>Vermontville</u> Color or Race <u>White</u> Age at Last Birthday <u>41</u> (Years) Birthplace <u>Eaton Co. Vermontville</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 Skelboorn 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

Given or christian name added from a supplemental report \_\_\_\_\_, 192\_\_\_\_

Was there any serious malformation or defect? \_\_\_\_\_

(Signature) L. Donald Kelsey  
Dated Apr 13, 1937  
Address Vermontville  
Filed 2/14, 1937  
(Attending Physician, midwife, father, etc.)  
Registrar. L. R. Webb

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING  
Form 220—9-28-28  
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.