Registrar.

1

PLACE OF BIRTH STADE	nivanoti	Departs		E OF MICHI	GAN of Vital Statistics
County of ATAIA 40 MAODIA	RECORD OF BIRTH				
or Village of U ermatville	(No			Register No.	Ward)
City of FULL NAME Yets Van	Low L	eccurs in a hospits instead of	al or other in	number.) (If child is n	name of same not yet named, make I report, as directed
Sex of Fence triplet, or other?	Number in order of birth	Legiti- mate?	Date of Birth	apu. (Month)	, 19, 193 7 (Day) (Year)
Name Howard Le Roy D.	Pm	Full Maiden Name	Be	MOTHER LL Fr	ster
Residence (P. O. Address)	le much	Residence (P. O. Addres	(s) U	emmt	ville much
Color or Race What Birthday	41 (Years)	Color or Race	White	Age at La Birthday	st 29 (Years)
Birthplace Chulotte. mi	L. margaran	Birthplace L	letro	4. m	rich.
Occupation (And Industry)	Occupation (And Industry)  Housewife				
Number of child of this mother	6	Number of child	ren, of this	mother, now l	iving 5
CERTIFICATE	OF ATTENDI	NG PHYSICIAN	OR MIDW	IFE*	15
I hereby certify that I attended the bird on the date above stated.  Have eyes of child been treated with one per cent solution of silver nitrate	ch of this child, (Signature	1+	(Born alive	or stillborn)	at 3 AM.
as required by law?  Given or christian name added from a	Dated Address	Mach	(Attending	Physician m	idwife father, etc.

Filed af 24, 1927