

PLACE OF BIRTH  
County of Eaton

Township of \_\_\_\_\_  
or  
Village of Vermontville

City of \_\_\_\_\_  
FULL NAME OF CHILD F. Laris Belle Hambleton

Sex of child F. Twin, triplet, or other? ☒ and Number in order of birth 1 Legitimate? yes Date of Birth May, 15, 1927  
(Month) (Day) (Year)

FATHER  
Full Name Willard K. Hambleton

Residence (P. O. Address) Vermontville Mich.

Color or Race White Age at Last Birthday 25  
(Years)

Birthplace Michigan

Occupation (And Industry) Labour

MOTHER  
Full Maiden Name Maria Darnen

Residence (P. O. Address) Vermontville Mich.

Color or Race White Age at Last Birthday 30  
(Years)

Birthplace Michigan

Occupation (And Industry) Housewife

Number of child of this mother 4 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 alive at 4 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? yes

(Signature) C. L. D. McLaughlin

Dated 5/29, 1927

(Attending Physician, midwife, father, etc.)

Given or christian name added from a

Address Vermontville Mich.

supplemental report \_\_\_\_\_, 192\_\_\_\_

Filed June 5, 1927 C. L. B. Amstrong

Registrar.

Was there any serious malformation or defect? no

STATE OF MICHIGAN  
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 3

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