1		
PLACE OF BIRTH	STATE OF MICHIGAN	N.
County of Eaton	Department of Health—Division of Vital Statistics	₿. 
Township of	RECORD OF BIRTH	WRITE PLAINLY, In case of more than
or 110	Register No. 3 10	ITT
Village of Uumnhville	William of Li Living a reason of the living of the	of 1
Or (If birth o	ccurs in a hospital or other institution, give name of same	LA
FULL NAME TO CONTRACT	instead of street and number.)	e t
OF CHILD Flares Selle Anna	letion {If child is not yet named, make supplemental report, as directed.	PLAINLY, more than
Sex of $\int$ . Twin, child $\int$ . and $\begin{cases} Twin, \\ triplet, \\ or other? \end{cases}$ and $\begin{cases} Number \\ in order \\ of birth \end{cases}$	Legiti- mate? Yes Birth May 15, 1927 (Month) (Day) (Year)	MAR WITH one chil the nur
Full Name Willard K. Hambleton	Full Maiden Name Marie Darnen	GIN UNI d at
(P. O. Address) V unntville much.	(P. O. Address) Vernetville . Mich.	Form : 31N RESER UNFADING d at a birth, a aber of each i
color or Race White Age at Last 25 Birthday (Years)	Color or Bace White Age at Last 30 <sup>(10)</sup> Birthday (Years)	
Birthplace muchigan	Birthplace melizan	E H
Occupation (And Industry) Labour	Occupation (And Industry) Housewefe	HIS DIE DIE
Number of child of this mother 4 Number of children, of this mother, now living 4		
UERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
Number of child of this mother Mumber of children, of this mother, now living How living How live   CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* at 4P M.,   I hereby certify that I attended the birth of this child, who was aluce at 4P M.,   I hereby certify that I attended the birth of this child, who was aluce at 4P M.,   I hereby certify that I attended the birth of this child, who was aluce at 4P M.,   I hereby certify that I attended the birth of this child, who was aluce at 4P M.,   I hereby certify that I attended the birth of this child, who was aluce at 4P M.,   I hereby certify that I attended the birth of this child, who was aluce at 4P M.,   I have eyes of child been treated with one per cent solution of silver nitrate as required by law? (Signature) C M. aug and fattending Physician, midwife father, etc.*) mate for each   Given or christian name added from a supplemental report 192 Filed filed mate for father, father, etc.*) filed mate for father, father, etc.*) filed filed filed filed		
Have eyes of child been treated with (Signature) CLD Mc Laughlin		
as required by law? Yes Dated 3/2.7, 192.7 (Attending Physician, midwife father, etc.)		
Given or christian name added from a Address Virmatville mich of		
supplemental report, 192 Filed Ine 5, 192, 7 9, 203 any por		Ъ,
Was there any serious malformation or defect?		and