

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

| PLACE OF BIRTH   |  |     |                                   | STATE OF MICHIGAN   |  |                      |         |
|--|--|-----|-----------------------------------|---|--|----------------------|---------|
| County of <u>Eaton</u>   |  |     |                                   | Department of Health—Division of Vital Statistics   |  |                      |         |
| Township of _____  |  |     |                                   | RECORD OF BIRTH   |  |                      |         |
| or   |  |     |                                   | Register No. <u>6</u>   |  |                      |         |
| Village of <u>Vermontville</u>   |  |     |                                   | (No. _____ St., _____ Ward)   |  |                      |         |
| or   |  |     |                                   | (If birth occurs in a hospital or other institution, give name of same instead of street and number.) |  |                      |         |
| City of _____  |  |     |                                   | { If child is not yet named, make supplemental report, as directed.                                   |  |                      |         |
| FULL NAME OF CHILD <u>Marilyn Jean Townsend</u>  |  |     |                                   |   |  |                      |         |
| Sex of child <u>Female</u>   | Twin, triplet, or other? <u>single</u> | and | Number in order of birth <u>1</u> | Legitimate? <u>ye</u>   | Date of Birth <u>Oct.</u> , <u>18</u> , 19 <u>37</u> | (Month) (Day) (Year) |         |
| Full Name FATHER <u>Dale Raymond Townsend</u>  |  |     |                                   | Full Maiden Name MOTHER <u>Vonda E. Conley</u>  |  |                      |         |
| Residence (P. O. Address) <u>Vermontville, Mich.</u>   |  |     |                                   | Residence (P. O. Address) <u>Vermontville, Mich.</u>  |  |                      |         |
| Color or Race <u>White</u>   | Age at Last Birthday <u>23</u>         |     | Color or Race <u>White</u>        |   | Age at Last Birthday <u>25</u>                       |                      | (Years) |
| Birthplace <u>Woodland Township</u>  |  |     |                                   | Birthplace <u>Woodland Township</u>   |  |                      |         |
| Occupation (And Industry) <u>High School Instructor</u>  |  |     |                                   | Occupation (And Industry) <u>Housewife</u>  |  |                      |         |
| Number of child of this mother <u>2</u>  |  |     |                                   | Number of children, of this mother, now living <u>2</u>   |  |                      |         |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*   |  |     |                                   |   |  |                      |         |
| I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9<sup>30</sup></u> 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? <u>yes</u>  |  |     |                                   | (Signature) <u>L. L. Kelsey D.D.</u>  |  |                      |         |
|  |  |     |                                   | Dated <u>Nov. 9</u> , 19 <u>37</u> <u>Physician</u>   |  |                      |         |
|  |  |     |                                   | (Attending Physician, midwife, father, etc.)*   |  |                      |         |
| Given or christian name added from a supplemental report _____, 192____  |  |     |                                   | Address <u>Vermontville, Mich.</u>  |  |                      |         |
|  |  |     |                                   | Filed <u>Nov 9</u> , 19 <u>37</u> <u>A. L. Bannister</u>  |  |                      |         |
|  |  |     |                                   | Registrar.  |  |                      |         |
| Was there any serious malformation or defect? <u>no</u>  |  |     |                                   |   |  |                      |         |