

PLACE OF BIRTH

STATE OF MICHIGAN

Department of Health—Division of Vital Statistics

RECORD OF BIRTH

County of Eaton

Township of _____

or

Village of Vermontville

or

City of _____

FULL NAME OF CHILD May Lorraine DavisRegister No. 7

St., _____ Ward)

(No. _____)

(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 F.Twin, triplet, or other? 1

and

Number in order of birth 1Legitimate? yesDate of Birth Nov. 12, 1937

(Month)

(Day)

(Year)

Full Name

Joseph Davis

FATHER

Full Maiden Name

Lois M. Brandt

MOTHER

Residence (P. O. Address)

Vermontville

Residence

(P. O. Address)

Vermontville

Color or Race

White

Age at Last Birthday

36

(Years)

Color or Race

White

Age at Last Birthday

28

(Years)

Birthplace

Mich.

Birthplace

Mich.

Occupation (And Industry)

Tavern Prop.

Occupation (And Industry)

HousewifeNumber of child of this mother 1Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9³⁰ 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. McLaughlin M.D.Dated 11-24, 1937

(Attending Physician, midwife, father, etc.)

Given or christian name added from a supplemental report _____, 192____

Address

Vermontville Mich.Filed 11/24, 1937A. L. B. Birmingham

Registrar.

Was there any serious malformation or defect? no

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.

MARGIN RESERVED FOR BINDING

Form 220—9-28-28

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