

Form 220-9-28-28

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 Village of <u>Vermontville</u>				Register No. <u>8</u>			
or (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				St., _____ Ward)			
City of _____				Date of Birth <u>Nov</u> , <u>29</u> , 19 <u>37</u>			
FULL NAME OF CHILD <u>Marle Allen Stanton</u>				{ If child is not yet named, make supplemental report, as directed.			
Sex of child <u>M</u>	Twin, triplet, or other? <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Nov</u> , <u>29</u> , 19 <u>37</u>		
FATHER				MOTHER			
Full Name <u>Raymond W Stanton</u>				Full Maiden Name <u>Ida J Power</u>			
Residence (P. O. Address) <u>Vermontville</u>				Residence (P. O. Address) <u>Vermontville</u>			
Color or Race <u>White</u>	Age at Last Birthday <u>26</u>		Color or Race <u>White</u>		Age at Last Birthday <u>27</u>		
(Years)		(Years)		(Years)		(Years)	
Birthplace <u>Mich.</u>				Birthplace <u>Mich.</u>			
Occupation (And Industry) <u>Labour</u>				Occupation (And Industry) <u>Housewife</u>			
Number of child of this mother <u>5</u>				Number of children, of this mother, now living <u>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9:45</u> A.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>C L McLaughlin</u>			
				Dated <u>12/1</u> , 19 <u>37</u>			
Given or christian name added from a supplemental report _____, 192____				(Attending Physician, midwife, father, etc.)			
Address <u>Vermontville Mich</u>				Filed <u>12/1</u> , 19 <u>37</u>			
Was there any serious malformation or defect? <u>no</u>				Registrar. <u>G L Brannighan</u>			