

PLACE OF BIRTH

County of Eaton

Township of _____

or _____

Village of Vermontville

or _____

City of _____

FULL NAME OF CHILD Ann Marie TubbsSex of child FemaleTwin, triplet, or other? Single

and _____

Number in order of birth 1Legitimate? yesDate of Birth Nov. 29, 1937

(Month) (Day) (Year)

Full Name Laurence Randal TubbsResidence (P. O. Address) Vermontville Mich.Color or Race WhiteAge at Last Birthday 35

(Years)

Birthplace Vermontville Mich.Occupation (And Industry) Produce StationFull Name Frieda Beel SurinResidence (P. O. Address) Vermontville Mich.Color or Race WhiteAge at Last Birthday 35

(Years)

Birthplace Vermontville Mich.Occupation (And Industry) HousewifeNumber of child of this mother secondNumber of children, of this mother, now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8¹⁰ 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) F. L. Pultz, D.O.
Dated 12/1, 1937 Physician
(Attending Physician, midwife, father, etc.)

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

Address Nashville Mich.
Filed 12/3, 1937 A. L. Baughman Registrar.Was there any serious malformation or defect? noSTATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 9

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
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.

Form 220—9-28-28

143