Dis and	PLACE OF BIRTH County of Estim	STATE OF MICHIGAN Department of Health—Division of Vital Statistics
a SEPARATE RETURN must be made for each in order of birth, stated.	Township of HEALA 10 UNIONA	RECORD OF BIRTH
	village of Vernatvelle	Register No
	City of FULL NAME R mad Fred Koslat	ccurs in a hospital or other institution, give name of same instead of street and number.)  [If child is not yet named, make]
	Sex of Male Twin, triplet, or other?	Legiti- mate?     Supplemental report, as directed.
	Full Name William Kaslashi	Hull Maiden Olya Kubble
	Residence (P. O. Address) U ummtrelle much	Residence (P. O. Address) Vermontville Muh.
	or Race White Birthday (Years)	Color Or Race White Age at Last 28 (Years)
birth,	Birthplace alphena mich	Birthplace alphona much.
at a	Occupation (And Industry) Mechanic	Occupation (And Industry) Housingle
child at number	Number of child of this mother	Number of children, of this mother, now living
one	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
than	I hereby certify that I attended the birth of this child, who was	
of more	lone per cent solution of silver nitrate >	CLUM Lauflin MIL.  -/ 11, 1937 (Attending Physician, midwife, father, etc.)
-In case	Given or christian name added from a Address	U immittable michel
B.—1		111, 1937 9. L. Barry hom Registra
N.	Was there any serious malformation or defect?	"To tole value and the state of

7.