

PLACE OF BIRTH  
 County of Eaton  
 Township of \_\_\_\_\_  
 or  
 Village of Vermontville  
 or

City of \_\_\_\_\_

Sex of child Female

Full Name of Child Jaqueline Rose Mayes

Residence (P. O. Address) 501 East Henry Charlotte

Color or Race White

Birthplace Kentucky

Occupation (And Industry) Laborer

Number of child of this mother 1

I hereby certify that I attended the birth of this child, who was alive at 11<sup>30</sup> M., on the date above stated.

Have eyes of child been treated with one per cent solution of silver nitrate as required by law? yes

Given or christian name added from a supplemental report \_\_\_\_\_, 1928

Was there any serious malformation or defect? \_\_\_\_\_

*Reported to county clerk Sept. 2-38*

STATE OF MICHIGAN  
 Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 1

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
 (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.

Date of Birth July 10, 1928  
 (Month) (Day) (Year)

Full Maiden Name Sarah Lucile Perkins

Residence (P. O. Address) 501 East Henry St Charlotte

Color or Race White

Birthplace Mich.

Occupation (And Industry) Housewife

Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(Signature) C. L. D. M. Langhlin M.D.

Dated July 11, 1928

Address Vermontville Mich

Filed July 11, 1928 A. L. Barningham Registrar.

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.

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

Form 220-9-28-28

Form 220-9-28-28

145