

PLACE OF BIRTH
County of Eaton
Township of _____
or
Village of Vermontville
or

City of _____
FULL NAME
OF CHILD

Sex of child Female
Twin, triplet, single and _____
or other? _____

Full Name
FATHER Harold Lee Mayes

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

Color or Race White
Age at Last Birthday 22
(Years)

Birthplace Kentucky
Occupation (And Industry) Labourer

Number of child of this mother 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 30 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

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

Was there any serious malformation or defect? _____

Reported to County Clerk
Sept. 2-38

(No. _____ St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Register No. _____
FULL NAME OF CHILD Jaqueline Rose Mayes
(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
Age at Last Birthday 18
(Years)

Birthplace Mich.
Occupation (And Industry) Housewife

Number of children, of this mother, now living 1

(Signature) C. L. D. M. Langhlin M.D.
Dated July 11, 1928
(Attending Physician, midwife, father, etc.)

Address Vermontville Mich
Filed July 11, 1928 A. L. Barnum
Registrar.

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. _____
St., _____ Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Date of Birth _____, _____, 192____
(Month) (Day) (Year)

Full Maiden Name _____
Residence (P. O. Address) _____

Color or Race _____
Age at Last Birthday _____
(Years)

Birthplace _____
Occupation (And Industry) _____

Number of children, of this mother, now living _____

(Signature) _____
Dated _____, 192____
(Attending Physician, midwife, father, etc.)

Address _____
Filed _____, 192____
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

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