

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.

STATE OF MICHIGAN  
Department of Health—Division of Vital Statistics

**RECORD OF BIRTH**

PLACE OF BIRTH Eaton *Reported to County Clerk 1-2-39.*

County of Eaton

Township of \_\_\_\_\_  
or  
Village of Vermontville  
or  
City of \_\_\_\_\_

Register No. 12

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

Sex of child Male *Twin, triplet, or other? single* and { Number in order of birth 1 } Legitimate? Yes Date of Birth Sept. 12, 1938  
(Month) (Day) (Year)

FULL NAME OF CHILD Billy Bert Hill { If child is not yet named, make supplemental report, as directed.

FATHER		MOTHER	
Full Name	<u>William J Hill</u>	Full Maiden Name	<u>Ella LaBurlKimmel</u>
Residence (P. O. Address)	<u>Vermontville, Mich.</u>	Residence (P. O. Address)	<u>Vermontville, Mich.</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at Last Birthday	<u>28</u> (Years)	Age at Last Birthday	<u>27</u> (Years)
Birthplace	<u>Malleken Mich.</u>	Birthplace	<u>Chelsea, Mich.</u>
Occupation (And Industry)	<u>P.M. Worker</u>	Occupation (And Industry)	<u>Housewife</u>

Number of child of this mother 2 Number of children, of this mother, now living 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 12<sup>30</sup> 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) L. Donald Kelsey D.O.  
Dated 9/23, 1938 Attending Physician  
(Attending Physician, midwife, father, etc.)\*

Address Vermontville Mich.  
Filed Sept. 24, 1938 A. L. Birmingham  
Registrar.

Given or christian name added from a supplemental report \_\_\_\_\_, 192\_\_\_\_\_

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

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