

PLACE OF BIRTH

County of Eaton

Township of _____

or
Village of Vermontville

City of _____

FULL NAME OF CHILD Myrna Jean Wellman

STATE OF MICHIGAN

Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 3

(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.

Sex of child <u>Female</u>	Twin, triplet, or other? <u>Single</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Oct. 6</u> , 19 <u>28</u>
Full Name <u>Keith Melbourne Wellman</u>		FATHER		MOTHER	
Residence (P. O. Address) <u>Vermontville Mich.</u>		Full Maiden Name <u>Geraldine Mae Richard</u>		Residence (P. O. Address) <u>Vermontville Mich.</u>	
Color or Race <u>White</u>	Age at Last Birthday <u>22</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>19</u> (Years)	Birthplace <u>Sunfield Mich.</u>	
Occupation (And Industry) <u>P. N. A.</u>		Occupation (And Industry) <u>Housewife</u>			

Number of child of this mother First Number 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 Born alive at 5¹/₄ 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 Oct. 12, 1928 (Attending Physician, midwife, other, etc.*)

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

Address Vermontville Mich.
Filed Oct. 12, 1928 A. L. Banningham Registrar.

Was there any serious malformation or defect? _____

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.

MARGIN RESERVED FOR BINDING

Form 220—9-28-28

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