

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

FULL NAME
OF CHILD Myrna Jean Wellman

Sex of child Female Single and { Number in order of birth 1 Legitimate? yes Date of Birth Oct. 6, 1928
(Month) (Day) (Year)

Full Name Keith Melbourne Wellman FATHER Full Maiden Name Geraldine Mae Richard MOTHER

Residence (P. O. Address) Vermontville Mich. Residence (P. O. Address) Vermontville Mich.

Color or Race White Age at Last Birthday 22 (Years) Color or Race White Age at Last Birthday 19 (Years)

Birthplace Vermontville Mich. Birthplace Sunfield Mich.

Occupation (And Industry) P. N. A. Occupation (And Industry) Housewife

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 5 1/4 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, father, 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? _____

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.

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

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