

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.

PLACE OF BIRTH				STATE OF MICHIGAN			
County of <u>Eaton</u>				Department of Health—Division of Vital Statistics			
Township of <u>Vermontville</u>				RECORD OF BIRTH			
or				Register No. <u>4</u>			
Village of <u>Vermontville</u>				(No. _____ St. _____ Ward)			
or				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
City of _____				Date of Birth <u>Oct 23</u> , 19 <u>28</u>			
FULL NAME OF CHILD <u>Joseph Frankie Gorodenski</u>				{ If child is not yet named, make supplemental report, as directed.			
Sex of child <u>M</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 23</u> , 19 <u>28</u> (Month) (Day) (Year)		
Full Name FATHER <u>Mark Gorodenski</u>				Full Maiden Name MOTHER <u>Valeria Kucera</u>			
Residence (P. O. Address) <u>Vermontville Mich</u>				Residence (P. O. Address) <u>Vermontville Mich</u>			
Color or Race <u>White</u>	Age at Last Birthday <u>40</u>		(Years)		Color or Race <u>White</u>	Age at Last Birthday <u>36</u> (Years)	
Birthplace <u>Rum.</u>				Birthplace <u>Szeches Slovakia</u>			
Occupation (And Industry) <u>Labor</u>				Occupation (And Industry) <u>Housewife</u>			
Number of child of this mother <u>9</u>				Number of children, of this mother, now living <u>7</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9 P.</u> 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? <u>yes</u>				(Signature) <u>C. L. D. McLaughlin</u>			
				Dated <u>Oct 26</u> , 19 <u>28</u>			
				(Attending Physician, midwife, father, etc.) <u>M. D.</u>			
Given or christian name added from a supplemental report _____, 19 <u>2</u>				Address <u>Vermontville Mich</u>			
				Filed <u>Oct 29</u> , 19 <u>28</u> <u>A. L. Birmingham</u>			
				Registrar.			
Was there any serious malformation or defect? <u>no</u>							