

PLACE OF BIRTH
County of Eaton

Township of _____

or
Village of Vermontville

or
City of _____

FULL NAME
OF CHILD Erlene Jane Rawson

Sex of
child F.

Full
Name Dore E Rawson

Residence
(P. O. Address) Vermontville Mich.

Color
or Race White

Birthplace Michigan

Occupation
(And Industry) Laborer

Number of child of this mother 1

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

on the date above stated.

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
Co clerk
2-2-39
Paid up to #1

(No. _____)

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

Legiti-
mate? yes

Residence
(P. O. Address) Vermontville Mich.

Color
or Race White

Birthplace Michigan

Occupation
(And Industry) Housewife

Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(Signature) C. L. D. McLaughlin M.D.

Dated 1-27, 1929

Address Vermontville Mich.

Filed 1-28, 1929

Registrar. A. L. Birmingham

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. _____

St., _____ Ward)

(If child is not yet named, make
supplemental report, as directed.)

Date of
Birth June, 24, 1929

Full
Maiden
Name Hazel Faust

Residence
(P. O. Address) Vermontville Mich.

Color
or Race White

Birthplace Michigan

Occupation
(And Industry) Housewife

Number of child of this mother 1

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

on the date above stated.

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? _____

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.
MARGIN RESERVED FOR BINDING
Form 220—9-28-28

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