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 220-0-28-28

PLACE OF BIRTH	STATE OF MICHIGAN
County of Eaton har les ,	Department of Health—Division of Vital Statistics
Township of	RECORD OF BIRTH
or 1	Register No.
Village of Vernature (No.	St., Ward)
Or (No	
OF CHILD Lugory Lum L.	{ If child is not yet named, make supplemental report, as directed.
Sex of child male or other? He and Number in order of birth	Legiti- mate? Yes Date of May ,28, 1939 (Month) (Day) (Year)
Full Name George Gordon Long	Maiden Mary Irene Cochrane
Residence (P. O. Address) Vernetulle much	Residence (P. O. Address) Vermontville . Mich.
Color or Race White Birthday (Years)	or Race While Age at Last 23 Birthday (Years)
Birthplace Formulle, mich.	Birthplace of thand Tounship Siton by
Occupation (And Industry) hovery Saleman	Occupation (And Industry) Honsewife meshy:
Number of child of this mother Number of children, of this mother, now living	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was at 3 P. M., on the date above stated.	
Have eyes of child been treated with one per cent solution of silver nitrate as required by law? One per cent solution of silver nitrate bas required by law? Dated 6/10, 192.9	
(Attending Physician, midwife, father, ofc.*)	
Given or christian name added from a Address U emoutivele. Much	
supplemental report , 192 Filed 6/10, 1939 Q. & Barryham	
Was there any serious malformation or defect?	