WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form 220-0-28-28

bns .	PLACE OF BIRTH STATE OF MICHIGAN County of Estate Of Health—Division of Vital Statistics Township of Register No.
RATE RETURN must be made for eac of birth, stated.	Township of RECORD OF BIRTH
	(No. St., Ward)
	City of (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]
	Sex of Fenale grother? Legition of birth Sex of Date of Out Supplemental report, as directed.
	Name Clifford Earl French Full Maiden Cecilia Lucy Yoris
	Residence (P. O. Address) Vermontville, Much. Residence (P. O. Address) Vermontville, Much
a SEPA	or Race White Birthday (Years) Color or Race White Birthday (Years)
birth,	Birthplace Pure Junction mich. Birthplace Jackson . mich.
at a er of	Occupation (And Industry) Retail Salesman Rochuck (And Industry) Stonewife
child at number	Number of child of this mother 2 Number of children, of this mother, now living
one	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 4r
than	I hereby certify that I attended the birth of this child, who was at 1 PM., (Born alive or stillborn)
e of more	Have eyes of child been treated with one per cent solution of silver nitrate as required by law? (Signature) L Donald Kelsey D.O. (Attending Physician, midwife, father, etc.)
n cas	Given or christian name added from a Address Uermottville . The first land of the charge of the char
7	supplemental report , 192 Filed 11/7 , 1939 a. & Barring harm
N. I	Was there any serious malformation or defect?

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