

PLACE OF BIRTH

County of Eaton
 Township of _____
 or
 Village of Vermontville
 or
 City of _____

STATE OF MICHIGAN
 Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 8

(No. _____ St., _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Glen Arthur Hyde Jr { If child is not yet named, make supplemental report, as directed.

Sex of child Male Twin, triplet, or other? Single and { Number in order of birth 1 Legitimate? yes Date of Birth Jan. 12, 1924
 (Month) (Day) (Year)

FATHER Full Name Glen Arthur Hyde MOTHER Full Maiden Name Evelyn Elmer Reid

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

Color or Race White Age at Last Birthday 23 Color or Race White Age at Last Birthday 16
 (Years) (Years)

Birthplace Kalamazoo, Mich. Birthplace Mashville, Mich.

Occupation (And Industry) Foundry Laborer Occupation (And Industry) Housewife

Number of child of this mother 1 Number of children, of this mother, now living none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. 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 Jan. 15, 1924 (Attending Physician, midwife, father, etc.)

Given or christian name added from a supplemental report _____, 192____ Address Vermontville, Mich.
 Filed Jan. 16, 1924 A. L. Bannymann Registrar.

Was there any serious malformation or defect? _____

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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