State File No. CERTIFICATE OF BIRTH MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics FULL NAME COMM Local File No No. mos. of first Is mother you Bate of If so, born lst, 2d, 3d Twin or Triplet... 21 PLACE OF BIRTH: USUAL RESIDENCE OF MOTHER: Eaton State. County. County Township. Township. Village or City.... Village or City. Name of hospital or institution...... 11 Mailing Address (If not in hospital, give street address) FATHER MOTHER Full Maiden Name..... Age at time of this birth.... Age at time of this birth. Occupation (and Industry)... Occupation (and Industry No. of other children of this mother, now living No. of other children, born alive, now dead... No. born dead. I hereby certify that I attended the birth of this child, who was Bow alwi on above date at 11.30 AS REQUIRED BY LAW:

(Attending physician, mid-

Registrar

Have eyes of child been treated with one and one-half per cent solution of silver nitrate?

Date 1 -17 19 4 0

Was mother's blood tested for syphilis?