CERTIFICATE OF BIRTH State File No. MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics FULL NAME OF CHILD..... Local File No ... Is mother you Date of Birth.... Twiff of Triplet If so, born lst, 2d, 3d. No. mos. of may pregnancy. USUAL PESIDENCE OF MOTHER PLACE OF BIRTH: State M County. Township. Township. Village or City U erm Village or City U Name of hospital or institution...... Mailing Address (If not in hospital, give street address) MOTHER FATHER Birthplace S Birthplace.. Occupation (and Industry Occupation (and Industry). No. of other children of this mother, now living No. of other children, born alive, now dead... I hereby certify that I attended the birth of this child, who was. on above date at. AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate? Signature Dated ... Was mother's blood tosled for syphilis? (Attending physician, midwife, father, et-. much. If not tested, state reason Address 7 ... 19.39 Filed.. Registrar

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