FULL NAME Judith Les	CERTIFICAT MICHIGAN DEPART Bureau of Recor		тн	State File No.
Sex. Twip br If so, born Ist, 2d, 3d	No. mos. of Full	Is mother yes	Date of S	eft. 8 1940
PLACE OF BIRTH:		USUAL RESIDENCE OF MOTHER:		
County Eaton		State Mich County Extra		
Township				
Township.		Township		
Village or City Vermontville much.		Village or City Vernetville 71 www.		
Name of hospital or institution		Mailing Address		
FATHER	treet address)		, мот	HER
Full Name Listic Part		Full Maiden aubra Letter		
Color Whate Age at time of this birth. 37		Color White Age at time of this birth 30 Birthplace Muh.		
No. of other children of this mother, now living	No. of other children, born alive, now dead	0	No. born de	ead O
I hereby certify that I attended the bir		owas ale	on ab	ove date at3 9M.
AS REQUIRED BY LAW:		0 9 1	max	11:1
Have eyes of child been treated with one and one-half per cent solution of silver nitrate?	Signature	CAD	1111	any run
Yu	Dated Su	hh 15, 19	40	1 mil
Was mother's blood tested for syphilis?	Datedsax	11		ding physician, midwife, father, etc.)
Mer Date 9-10 ,1940	Address	Vumn	nurelle	· much . //
If not tested, state reason	Filed 9	14,19	NO a	L Bainghim
				Registrar

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