FULL NAME Jesse Leona	CERTIFICATE O	OF HEALTH	State File No.
Sex. M Twin or If so, born PLACE OF BIRTH: County Eater	USU State	at residence of mot	muary 6, 194/ HER: Eaton
Village or City U wonntville Name of hospital or institution (If not in hospital, give street	Villa Mai	nship	mtrelle much.
Full Name Policy Lee M. Color White Age at time of this birth.	Full Nan	Maiden Robert	time of this birth 21 yrs
Occupation (and Industry) Carpenter	Occi (and	hplace U dmn	tollo mich
	1	1	n above date at 12.30 A M.
AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate? Was mother's blood tested for syphilis? Date MV 5 0 19 46	Signature	10, 1941 (A	ttending physician, midwife, father, etc.) L. Barningham Registrar