MICHIGAN DEPAR	TE OF BIRTH State File No. THE OF HEALTH Ords and Statistics Local File No. 2
Sex. M. Twin or I If so, born No. mos. of 9 PLACE OF BIRTH: County. Eating Township.	USUAL RESIDENCE OF MOTHER: State Much County Faton Township.
Name of hospital or institution (If not in hospital, give street address) FATHER Full Name Proph	Willage or City Mailing Address "I" Full Maiden Name Brown
Color. White Age at time of this birth 70 Birthplace. White Age at time of this birth 70 Occupation	Color. White Age at time of this birth. 19 Birthplace. Militagen Occupation
No. of other children of this mother, now living I hereby certify that I attended the birth of this child, where the state of the stat	No. born dead
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? Dated	C. LD. M. Langlin - 27, 19 41. Vermontvelle: mich: