78 C Paris Commence and Commenc	COLUMN TO SERVICE STATE OF THE		
0/201	CHIGAN DEPART	E OF BIRTH	State File No.  Local File No.
Sex. Triplet Ist, 2d, 3d. pr	o. mos. of g	Is mother y Date of Birth USUAL RESIDENCE OF M	
County Eaton		State Mil.	County Eaton
Township	much.	Township	montrille. Mie
Name of hospital or institution(If not in hospital, give street	address)	Mailing Address	η
Full Robert Muchael Maha		Full Maiden Cla	MOTHER  Mandy
Color White Age at time of this birth 27		Color White Age at time of this birth \$\int 22	
Birthplace Vermentalle .	nut.	Birthplace U erm	intrille mich.
Occupation (and Industry) Laborer		Occupation (and Industry)	
No. of other children of this mother, now living born	of other children, alive, now dead	none No.	born dead no
I hereby certify that I attended the birth o	f this child, who	(Born alive or stillborn	on above date at 5.35 A M
AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate?	Signature	L. Donald	Kelsey D.O.
Was mother's blood tested for syphilis?	Dated	Vermatville	(Attending physician, midwife, father, etc.)
If fot tested, state reason	Filed M	28', 1941 (	a, L. Barninghom Registrar
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