

Reported to Co. Clerk
JAN 29 1942

CERTIFICATE OF BIRTH
MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME OF CHILD Orson Raymond Shoup Local File No. 5

Sex Male Twin or Triplet Single If so, born 1st, 2d, 3d 1st No. mos. of pregnancy 9 Is mother married? yes Date of Birth Oct. 11, 1941

PLACE OF BIRTH: County Eaton USUAL RESIDENCE OF MOTHER: State Mich. County Eaton

Township _____ Township _____

Village or City Vermontville Mich. Village or City Vermontville Mich.

Name of hospital or institution _____ Mailing Address Vermontville Mich.
(If not in hospital, give street address)

FATHER Full Name Orson Le Roy Shoup MOTHER Full Maiden Name Norma Evelyn Martin

Color White Age at time of this birth 26 Color White Age at time of this birth 26

Birthplace Battimore Township Birthplace Lansing Mich.

Occupation (and Industry) Olds Employee Occupation (and Industry) Housewife

No. of other children of this mother, now living 2 No. of other children, born alive, now dead none No. born dead none

I hereby certify that I attended the birth of this child, who was alive on above date at 11 A M.
(Born alive or stillborn)

AS REQUIRED BY LAW:
Have eyes of child been treated with one and one-half per cent solution of silver nitrate?
yes
Was mother's blood tested for syphilis?
Date _____, 19____
If not tested, state reason It was taken by Dr. Footacher
Lansing Mich.

Signature L. D. Kelsey DO

Dated 11/18, 1941 Attending Physician
(Attending physician, midwife, father, etc.)

Address Vermontville Mich.

Filed 11-19, 1941 A. L. Barmingham
Registrar