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CERTIFICATE OF BIRTH State File No.	
MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics	
FULL NAME M COO	
OF CHILD Mary Ellen Style Local File No.	
Sex F. Twin or Triplet No. born No. mos. of Q Is mother yes Date of 12 - 10 194/	
PLACE OF BIRTH: USUAL RESIDENCE OF MOTHER:	
County Calm State Muli County Zalor	
Township	
Village or City V ermontwelle Village or City V ermontwelle, mig	h
Name of hospital or institution. Mailing Address	
(If not in hospital, give street address) A FATHER MOTHER	
Name Glerm a. Ityde Full Maiden Evelyn Rud	
Color White Age at time of this birth 15 Color Whate Age at time of this birth 18	
Birthplace michigan Birthplace michigan	
Occupation (and Industry) Occupation (and Industry)	
No. of other children of this mother, now living 2 No. of other children, born alive, now dead No. born dead No. born dead	
I hereby certify that I attended the birth of this child, who was alway on above date at 9 P 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? Signature Q LD mc Lauyllin m	9
Dated 1 - 3 , 1942	
Was mother's blood tested for syphilis? (Attending physician, midwife, father, etc.)	
Address transfelle, mich.	
Filed 1-3, 1940 a. Z. Barningham	miner.
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