| | RTIFICATE OF BIRTH IIGAN DEPARTMENT OF HEALTH State File No. |
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| Co. 2 | Sureau of Records and Statistics |
| OF CHILD Lawerence Wa | ayne Bursley Local File No. 5 |
| | mos. of 9 Is mother yes Date of aug. 26 194 |
| PLACE OF BIRTH: | USUAL RESIDENCE OF MOTHER |
| County Eaton | State Mich County Eaton |
| Township | Township Chester |
| 1/ +10. | |
| Name of hospital | Village or City. I |
| or institution (If not in hospital, give street addr | Iress) Mailing Address / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / |
| Full Leo J. Bursley | Full Maiden Liliam & Barry |
| Color. Age at time of this birth. 2 | Color W. Age at time of this birth 2 |
| Birthplace Mih- | Birthplace Muh. |
| Occupation Farmer | Occupation (and Industry) |
| No. of other children of this mother, now living | other children, over the No. born dead over t |
| I hereby certify that I attended the birth of th | his child, who was alive or stillborn) on above date at 3 4 |
| AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate? | Signature C. LD Mª Lunghler M. |
| | Dated 9/12, 1942 |
| Was mother's blood tested for syphilis? | Address Address (Attending physician, midwife, father, occ |
| If not tested, state reason | Filed 9/14, 1942 a. L. (Barning My |