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Restricted to clark CERTIFICATE OF BIRTH State File No. FULL NAME OF CHILD FULL NAME OF CHILD FULL NAME OF CHILD State File No. Local File No.	
Sex M Twin or turns If so, born / No. mos. of 6 // Is mother 40 Date of Birth on 6 ,1943	
PLACE OF BIRTH: County Eaton	USUAL RESIDENCE OF MOTHER: State Mich. County Etm
Township	Township
Village or City & smortville, much	Village or City
Name of hospital Russel materiaty or institution (If not in hospital, give street address)	· Mailing Address Vermontvelle . mich R. F. 1941
Full Ruy & Humpton	Full Maiden Mystle M. Heaven
Color White Age at time of this birth # 7	Color W. Age at time of this birth 43
Birthplace Muh.	Birthplace Mich.
Occupation (and Industry) To arme	Occupation (and Industry)
No. of other children of this mother, now living.	iren,
I hereby certify that I attended the birth of this child, who wason above date at	
AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate? Signatu	re C. L. D. m - Laughlin
Dated	1-9,1943 / m.W-
Was mother's blood tested for syphilis? Address	Vernatillo (Attending physician, midwife, father, etc.)
If not telted, state reason. Filed	1-9, 1943 a. LB arning ham Registrar