

Reported to
County clerk
2-16-43

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

State File No. _____

FULL NAME OF CHILD Deane Linell Faust Local File No. 3

Sex F Twin or Triplet # If so, born 1st, 2d, 3d # No. mos. of pregnancy 9 Is mother married? yes Date of Birth 1-20, 1943

PLACE OF BIRTH:
County Eaton
Township _____
Village or City Vermontville
Name of hospital or institution Russell's Maternity
(If not in hospital, give street address)

USUAL RESIDENCE OF MOTHER:
State Mich. County Eaton
Township _____
Village or City Vermontville Mich.
Mailing Address " "

FATHER
Full Name Leslie J Faust
Color White Age at time of this birth 35

MOTHER
Full Maiden Name Lucia Little
Color white Age at time of this birth 32

Birthplace Mich.

Birthplace Mich.

Occupation (and Industry) Electrician

Occupation (and Industry) Housewife

No. of other children of this mother, now living 5 No. of other children, born alive, now dead 0 No. born dead 0

I hereby certify that I attended the birth of this child, who was alive on above date at 11-30 9 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?
yes Date Nov. 6, 1942
If not tested, state reason _____

Signature C. L. D. McLaughlin

Dated 1-23, 1943 (Attending physician, midwife, father, etc.)

Address Vermontville Mich

Filed 1-23, 1943 A. L. Birmingham
Registrar