State File No. CERTIFICATE OF BIRTH MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics Local File No. Twin or Triplet... Is mother yes Date of married? Birth If so, born lst, 2d, 3d. pregnancy.. USUAL PESIDENCE OF MOTHER: PLACE OF BIRTH County. Township. Township. Village or City... V. Lymon Village or City... Name of hospital Mailing Address (If not in hospital, give street address) FATHER MOTHER Full Maiden Name Age at time of this birth.... Age at time of this birth .. Color Birthplace Birthplace Occupation (and Industry No. of other children of this mother, now living No. of other children, born alive, now dead... No. born deadon above date at I hereby certify that I attended the birth of this child, who was AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate? Signature. Was mother's blood mother's blood tested for syphilis?

Date July 14, 1942 If pot tested, state reason.