	TE OF BIRTH TMENT OF HEALTH rds and Statistics Local File No. 5
Sex M Twin or If so, born No. mos. of 9	Is mother 4 Date of 1-13 ,19.43
PLACE OF BIRTH:	USUAL RESIDENCE OF MOTHER:
County Laur	State Much County Eaton
Township	Township
Village or City / emotville much	Village or City V drmotville. Mich.
Name of hospital or institution (If not in hospital, give street address)	Mailing Address 11 /1
Full Rame Lawrence Romald Tubb	Full Maiden French Belle Suine
Color Age at time of this birth 40	Color Age at time of this birth 40
Birthplace Vermontville mich	· Birthplace Vermontvelle mil.
Occupation (and Industry)Shop W. Orber	Occupation (and Industry)
No. of other children of this mother, now living born alive, now dead.	
I hereby certify that I attended the birth of this child, who was alive on above date at 5.55 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	LD onald Keley DO
yer Dated 2	-2, 19 43 (Attending physician, midwife, father, gtv)
Was mother's blood tested for syphilis? Address	/ emplotle min.
If now tested, state reason	12 12 18
Filed	, 1943 U.A. Varmynam Registrar