Reported to county cluck
CERTIFICATE OF BIRTH
MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics
LD. Llavid Low Lymonds
Local
Twin or — If so, born — No, mos. of 9 Is mother 1/1/1 Date of

State File No.

OF CHILD Lavid Lee Symonds Local File No. 7	
Sex. M. Twin or — If so, born — No. mos. &	19 Is mother Yes Date of 2-13 1943
PLACE OF BIRTH	USUAL RESIDENCE OF MOTHER:
County Ealor	State Michigan County Eaton
Township	Township / Kalamo
Village or City Vermon twille	Village or City.
or institution	ity Mailing Address R. D. 2 Vermontville
Full Malcolm R. Symon	ds Full Maiden Lillian M. Russell
Color W Age at time of this birth	Color W. Age at time of this birth. 36
Birthplace Michigan	Birthplace Michigan
Occupation (and Industry). Michanic	Occupation foursewife.
No. of other children of this mother, now living. No. of other children, born alive, now dead. No. born dead.	
I hereby certify that I attended the birth of this child, who was alway on above date at 7:10 P.M.	
AS REQUIRED BY LAW: Have eyes of child been treated with one and	nature C Lo D. mc. Lo aughlin
one-half per cent solution of silver nitrate?	2-15 112 20 2010
Was mother's blood tested for syphilis? Date 1042 Add	ress Dermontwill, mich,
If not tested, state reason	12/16 ,1943 QL. Barninghum
	// Registrar