

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

State File No.

FULL NAME
OF CHILD

*Reported
to Co. Clerk
4-1-43*
Sylvia Anne Howe

Local File No. 9

Sex Fr. Twin or Triplet # If so, born 1st, 2d, 3d # No. mos. of pregnancy 9 Is mother married? ye Date of Birth 3-19, 1943

PLACE OF BIRTH:

County

Eaton

Township

Village or City

Name of hospital or institution

Vermontville
Russell Maternity
(If not in hospital, give street address)

USUAL RESIDENCE OF MOTHER:

State

Mich.

County

Eaton

Township

Vermontville

Village or City

Mailing Address

Vermontville Mich. R#1

FATHER

Full Name

Stanley H. Howe

Color

White

Age at time of this birth

28

Birthplace

Oklahoma

Occupation (and Industry)

Farmer

MOTHER

Full Maiden Name

Lillian R. Wright

Color

White

Age at time of this birth

23

Birthplace

Mich.

Occupation (and Industry)

Housewife

No. of other children of this mother, now living

1

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 9 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?

yes

Was mother's blood tested for syphilis?

yes

Date Oct, 1943

If not tested, state reason

Signature

C. L. D. McLaughlin M.D.

Dated 3-22, 1943

(Attending physician, midwife, father, etc.)

Address

Vermontville, Mich.

Filed

3/22, 1943

A. L. Birmingham

Registrar