681

Reported to C. clerk

CERTIFICATE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL NAME OF CHILD: Donald James Wieser Local File No. 10

Sex: M | Twin or Triplet: # | If so, born 1st, 2d, 3d: # | No. mos. of pregnancy: 9 | Is mother married? Yes | Date of Birth: 3 – 20, 1943

PLACE OF BIRTH:

County: Eaton

Township:

Village or City: Vermontville, Mich.

Name of hospital or institution:

(If not in hospital, give street address)

USUAL RESIDENCE OF MOTHER:

State: Mich. County: Eaton

Township:

Village or City: Vermontville Mich.

Mailing Address: Vermontville Mich.

FATHER	MOTHER
Full Name: Rufus B. Wieser	Full Maiden Name: Mary F. Sower
Color: White Age at time of this birth: 39	Color: White Age at time of this birth: 32
Birthplace: Mich.	Birthplace: Mich.
Occupation (and Industry): Mechanic	Occupation (and Industry): Housewife

No. of other children of this mother, now living: 7 | 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 (Born alive ~~or stillborn~~) on above date at 7 a. M.

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 Feb, 1943

If not tested, state reason

Signature: C. L. D. McLaughlin M.D.

(Attending physician, ~~midwife, father, etc.~~)

Dated 3/22, 1943

Address: Vermontville. Mich.

Filed 3/22, 1943 A. L. Barningham

Registrar