**CERTIFICATE OF BIRTH** State File No. MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics FULL NAME OF CHILD..... Local File No... 11 If so, born lst, 2d, 3d Sex 9-Twin or Triplet... No. mos. of 9 Is mother y Date of Birth.... 28 1943 1 USUAL HESIDENCE OF MOTHER: PLACE OF BIRTH: Eaton mi County State Count Township Township Village or City. Village or City Name of hospital or institution...... (If not in hospital, give street address) montrille Mailing Address FATHER MOTHER Full Name bin Full Maiden Name 10 ate TA 28 White Color. Age at time of this birth.. Color Age at time of this birth Birthplace. im Birthplace. n Occupation (and Industry) Occupation (and Industry Wor 0 The second No. of other children, born alive, now dead... No. of other children of this mother, now living non m No. born dead. m alini I hereby certify that I attended the birth of this child, who was. .on above date at. 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 yu Dated. 19 (Attending physician, mi Was mother's blood tested for syphilis? 1-30 , 19.43 Address. .Date. If not tested, state reason Filed m 0 19 nm 1 m Registrar