State File No. CERTIFICATE OF BIRTH MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics FULL NAME OF CHILD.... Local File No ... Is mother yw Date of married? Birth... Twin or Triplet... If so, born lst, 2d, 3d. No. pros. of USUAL RESIDENCE OF MOTHER: PLACE OF BIRTH: State much County County Township Township. Village or City Vermontville Village or City.. Name of hospital or institution...... . . Mailing Address (If not in hospital, give street address) FATHER MOTHER Full Maiden A W Color. Age at time of this birth.. Color... Age at time of this birth. Birthplace Birthplace. Soll Occupation (and Industry) Occupation (and Industry No. of other children of this mother, now living No. of other children, born alive, now dead... No. born dead alive on above date at. I hereby certify that I attended the birth of this child, who was AS REQUIRED BY LAW: Have eyes of child been agented with one and one-half per cent solution of silver nitrate? ues. (Attending physician, midwife, father, etc.) Was mother's blood tested for syphilis? Date Seft If not tested, state reason Filed M ay 15, 194 Registrar