

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

State File No.

FULL NAME  
OF CHILD

*Robert Everett Dickinson*

Local File No. *14*

Sex *M* Twin or Triplet ☒ If so, born 1st, 2d, 3d ☒ No. mos. of pregnancy *9* Is mother married? *yes* Date of Birth *5 - 29*, 19*43*

PLACE OF BIRTH:

County

*Eaton*

Township

Village or City

*Vermontville*

Name of hospital or institution

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

USUAL RESIDENCE OF MOTHER:

State

*Mich.*

County

*Eaton*

Township

Village or City

*Vermontville*

Mailing Address

*R.F.D. # 2*

FATHER  
Full Name

*Frederick Dickinson Jr.*

Color

*White*

Age at time of this birth

*19*

Birthplace

*Mich.*

Occupation (and Industry)

*Farmer*

MOTHER  
Full Maiden Name

*Ethel G. Rogers*

Color

*White*

Age at time of this birth

*17*

Birthplace

*Mich.*

Occupation (and Industry)

*Housewife*

No. of other children of this mother, now living

*0*

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 *born alive* on above date at *7:15 A.* 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 *Nov*, 19*42*

If not tested, state reason

Signature

*L.D. McLaughlin*

Dated *5 - 31*, 19*43*

Address

*Vermontville, Mich.*

Filed

*5/31*, 19*43*

(Attending physician, midwife, father, etc.)

*A.L. Birmingham*

Registrar