1 - 00 - 1

MICHIGAN DEPAR	TE OF BIRTH TMENT OF HEALTH rds and Statistics
OF CHILD alie Marie Wyfle Local File No. 15	
Sex. Twin or # If so, born # No. mos. of 9	Is mother y Date of 6 - 14 1943
PLACE OF BIRTH:	USUAL MESIDENCE OF MOTHER:
County Zalon	State County Carry
Township	Township Racamu
Village or City V emontalle, much.	Village or City / smontville . Mish
Name of hospital Queed Matternety or institution (If not in hospital, give street address)	Mailing Address Charlotte Much . 17 7:20;
Full Robert Wyfle	Full Maidenm adeline Rich.
Color What Age at time of this birth 3 2	Color White Age at time of this birth 27
Birthplace Mich.	Birthplace Muih.
Occupation (and Industry) Tarme	Occupation / Journal
No. of other children of this mother, now living O No. of other children, born alive, now dead.	No. born dead
I hereby certify that I attended the birth of this child, who wason above date at	
AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate? Signature.	C. L. D. Im & Lang Klin M. D
Was mother's blood fested for syphilis? Address	(Attending physician, midwife, father, etc.)
	ne 18, 1943 O. L. Barny hom-Registrar