

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

State File No.

FULL NAME  
OF CHILD

*Linda Lianne Cooper*

Local File No. *17*

Sex *F* Twin or Triplet *0* If so, born 1st, 2d, 3d *✓* No. mos. of pregnancy *9* Is mother married? *yes* Date of Birth *July 1*, 19*43*

PLACE OF BIRTH:

County *Eaton*

Township

Village or City *Vernonville*

Name of hospital or institution *Russell Memorial*  
(If not in hospital, give street address)

USUAL RESIDENCE OF MOTHER:

State *Mich.* County *Eaton*

Township *Carmel*

Village or City

Mailing Address *R.F.D. Charlotte*

FATHER

Full Name *Hugh F. Cooper*

Color *White* Age at time of this birth *40*

Birthplace *Mich.*

Occupation (and Industry) *Farmer*

MOTHER

Full Maiden Name *Mary E. Root*

Color *White* Age at time of this birth *36*

Birthplace *Mich.*

Occupation (and Industry) *Housewife*

No. of other children of this mother, now living *3*

No. of other children, born alive, now dead *0*

No. born dead *1*

I hereby certify that I attended the birth of this child, who was *alive* on above date at *2 P* 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 *Apr.*, 19*43*

If not tested, state reason

Signature *A. L. D. McLaughlin*

Dated *7-7*, 19*43*

(Attending physician, midwife, father, etc.)

Address *Vernonville - Mich.*

Filed *July 7*, 19*43* *A. L. Banningham*

Registrar