

Related to  
C. L. D. McLaughlin  
1-3-44

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

State File No.

FULL NAME  
OF CHILD

*Maurice Allen Hummel*

Local File No. *19*

Sex *M* Twin or Triplet *#* If so, born 1st, 2d, 3d *#* No. mos. of pregnancy *9* Is mother married? *yes* Date of Birth *7-21*, 19*43*

PLACE OF BIRTH:

County

*Eaton*

Township

Village or City

Name of hospital or institution

*Vernontville, Mich*

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

USUAL RESIDENCE OF MOTHER:

State

*Mich.*

County

*Eaton*

Township

*Vernontville*

Village or City

Mailing Address

*R.F. 10 # 1 V'tville, Mich.*

FATHER

Full Name

*Maurice Allen Hummel*

Color

*White*

Age at time of this birth

*27*

Birthplace

*Mich.*

Occupation (and Industry)

*Farmer*

MOTHER

Full Maiden Name

*Betty Reed*

Color

*White*

Age at time of this birth

*19*

Birthplace

*Mich.*

Occupation (and Industry)

*Housewife*

No. of other children of this mother, now living

*1*

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 *alive* on above date at *3 9* 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 *Feb*, 19*43*

If not tested, state reason

Signature

*C. L. D. McLaughlin M.D.*

Dated

*7-31*, 19*43*

(Attending physician, midwife, father, etc.)

Address

*Vernontville, Mich.*

Filed

*8-2*, 19*43*

*A. L. B. Birmingham*  
Registrar