

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

State File No.

FULL NAME
OF CHILD

James Alfred McCrimmon

Local File No. *20*

Sex *M* Twin or Triplet *#* If so, born 1st, 2d, 3d *#* No. mos. of pregnancy *9* Is mother married? *yes* Date of Birth *Aug 10*, 19*43*

PLACE OF BIRTH:

County *Eaton*

Township

Village or City *Vermontville Mich*

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

USUAL RESIDENCE OF MOTHER:

State *Mich* County *Eaton*

Township *Chester*

Village or City

Mailing Address *R.F.D. #5 Charlotte Mich*

FATHER
Full Name *Roy E. McCrimmon*

Color *W. J.* Age at time of this birth *28*

Birthplace *Mich*

Occupation (and Industry) *Mechanic*

MOTHER
Full Maiden Name *Georgia E. Wolf*

Color *White* Age at time of this birth *24*

Birthplace *O. his*

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 *69* 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 *8-11*, 19*43*

Address *Vermontville Mich*
 (Attending physician, midwife, father, etc.)

Filed *8-12*, 19*43* *A. L. B. Birmingham*
 Registrar

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