

Reported  
to clerk  
1-3-44

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

State File No.

FULL NAME  
OF CHILD

Stanley Burt Hokanson

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 9-14, 1943

PLACE OF BIRTH:

County

Eaton

Township

Village or City

Vermontville Mich.

Name of hospital or institution

Russells Maternity

(If not in hospital, give street address)

USUAL RESIDENCE OF MOTHER:

State

Mich.

County

Eaton

Township

Village or City

Vermontville Mich.

Mailing Address

"

"

FATHER

Full Name

John Franklin Hokanson

Color

white

Age at time of this birth

19

Birthplace

Mich.

Occupation (and Industry)

Mechanic

MOTHER

Full Maiden Name

Veda Burt

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

alive

on above date at

4 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

Nov

1942

If not tested, state reason

Signature

C. L. D. M. Langhlin

Dated

9-17

1943

(Attending physician, midwife, father, etc.)

Address

Vermontville Mich.

Filed

9/18

1943

A. L. B. Birmingham

Registrar

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