

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

State File No.

FULL NAME OF CHILD

Elaine Marie Pifer

Local File No.

21

Sex *F* Twin or Triplet *-* If so, born 1st, 2d, 3d *-* No. mos. of pregnancy *85* Is mother married? *yes* Date of Birth *Sept 12*, 19 *43*

PLACE OF BIRTH:

County

Eaton

Township

Village or City

Vermontville, Mich.

Name of hospital or institution

Russell 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. # 6 Charlotte, Mich.

Full Name

Herbert C. Pifer

Color

White

Age at time of this birth

37

Birthplace

Mich.

Occupation (and Industry)

Farmer

Full Maiden Name

Lelia J. Bissett

Color

White

Age at time of this birth

27

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 *9-10*, 19 *43*

If not tested, state reason

Signature

C. L. D. McLaughlin

Dated

9-13, 19 *43*

Address

Vermontville Mich.

Filed

9/13, 19 *43* *A. L. Barning*

Registrar

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