Reported to Co. Clerk

CERTIFICATE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL NAME Darum Meil Co	Local File No. 24
Sex M Twin or # If so, born # No. mos. of 9	Is mother yes Date of 10 - 22 19 43
PLACE OF BIRTH:	USUAL MESIDENCE OF MOTHER: State. Muh. County Eaton
Township	Township Chieter
Village or City Unnontville Name of hospital Russell maternity	Walling Address RF. D. Charlotte . Much
(If not in hospital, give street address) FATHER	Mailing Address V MOTHER
Full Willie W. Cook	Full Maiden Marie & Boyles
Color Write Age at time of this birth 48	Color Africa Age at time of this birth 3 4
Birthplace much.	Birthplace Milyan
Occupation (and Industry). Parmer	Occupation) for frewife
No. of other children of this mother, now living	No. born dead O
I hereby certify that I attended the birth of this child, wh	no was alive on above date at 2 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? Signature.	C. L. D. M. Langhlin
Was mother's blood tested for syphilis?	(Attending physician, midwife, father, etc.)
Date 5/3 , 19.4.3 Address	125 143 O L Banisham
Filed.	Registrar

10M