

CERTIFICATE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL NAME
OF CHILD

Shirley Lee Boyer

Local File No.

27

Sex *m* Twin or Triplet ☒ If so, born 1st, 2d, 3d ☒ No. mos. of pregnancy *9* Is mother married? *yes* Date of Birth *1 - 27*, 19 *44*

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

Village or City *Vermontville, Mich*

Mailing Address *" R.F.D. #1*

FATHER
Full Name *Leonard Ray Boyer*

Color *White* Age at time of this birth *27*

Birthplace *Mich*

Occupation (and Industry) *Farmer*

MOTHER
Full Maiden Name *Martha Sharlene Anderson*

Color *White* Age at time of this birth *19*

Birthplace *Michigan*

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 *39* 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 *Oct.*, 19 *43*
If not tested, state reason

Signature *C. L. D. McLaughlin M.D.*
Dated *1 - 31*, 19 *44*
(Attending physician, midwife, father, etc.)
Address *Vermontville, Mich.*
Filed *2 - 1*, 19 *44* *A. K. Birmingham*
Registrar