CERTIFICATE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

of CHILD arof arm Newth Local File No. 2	
Sex. T. Twin or # If so, born # No. mos. of gregnancy	Is mother y Date of 3 - 8 ,1944
PLACE OF BIRTH:	USUAL RESIDENCE OF MOTHER:
County Eaton	State Mich County Caton
County (activ	State O /
Township	Township Todand
Village or City Vermontarlle	Village or City
Name of hospital Rusself Maternity	al lie mid RF11
or institution (If not in hospital, give street address)	Mailing Address Challette Muk. M.
FATHER	MOTHER
Name Herbert & nouth	Full Maiden Martha R. Monroe
Color Age at time of this birth 20	Color. White Age at time of this birth 18
Birthplace Mich.	Birthplace Mich.
Occupation Farme	Occupation (and Industry) Housewife
No. of other children of this mother, now living O	No. born dead Q
I hereby certify that I attended the birth of this child, who was aland on above date at	
AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate? Signature C LD me Langthin m U	
2 10 111/	
(Attending physician reidwife father atc.)	
Was mother's blood tested for syphilis?	
Ju Date any 1943 Address Vermintle. There	
If not lested, state reason & Filed 3/10 , 1944 a. L. Barningham	
	Registrar