CERTIFICATE OF BIRTH State File No. MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics FULL NAME Surket Local File No .. OF CHILD... onnue If so, born 1st, 2d, 3d. No. mos. of Is mother Date of Birth... Twin or Triplet... Sex. H 19.44 pregnancy.. USUAL RESIDENCE OF MOTHER: PLACE OF BIRTH: rator aton County County.. Township. amo Township. Village or City Vumnty Village or City. Name of hospital Russell (If not in hospital, give street address) Mailing Address. FATHER MOTHER Full Maiden Wilhes Full Name 34 Age at time of this birth Age at time of this birth Birthplace. Occupation (and Industry Occupation (and Industry)... 0 No. of other children of this mother, now living No. of other children, born alive, now dead... No. born dead alive I hereby certify that I attended the birth of this child, who was... ..on above date at. (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? (Attending physician, midwife, father, etc.) Was mother's blood tested for syphilis? Address.

If not tested, state reason.

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Registrar