

CERTIFICATE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL NAME
OF CHILD

Janice Elaine Foltz

Local File No.

9

Sex *F* Twin or Triple *✓* If so, born 1st, 2d, 3d *✓* No. mos. of pregnancy *9* Is mother married? *Yes* Date of Birth *4-25* 19 *44*

PLACE OF BIRTH:

Eaton

USUAL RESIDENCE OF MOTHER:

State *Mich.* County *Eaton*

County

Township

Township

Village or City

Vermontville

Village or City

Summit

Name of hospital or institution

Russell Maternity
(If not in hospital, give street address)

Mailing Address

Summit Mich.

FATHER

Full Name

Milton M Foltz

MOTHER

Full Maiden Name

Blanche Sheward

Color

White

Age at time of this birth

46

Color

W

Age at time of this birth

37

Birthplace

Ohio

Birthplace

Kansas

Occupation (and Industry)

mechanic

Occupation (and Industry)

Housewife

No. of other children of this mother, now living

4

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 *3:30 A. 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

Jan

19

44

If not tested, state reason

Signature

C. L. D. McLaughlin

Dated

4/29

19

44

(Attending physician, midwife, father, etc.)

Address

Vermontville Mich.

Filed

4/29

19

44 A. L. Banning

Registrar

205