

Sent copy clerk
in to Co clerk
4-17-44

CERTIFICATE OF BIRTH
MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME
OF CHILD

Raymond LeRoy Siple

Local File No.

6

Sex M

Twin or
Triplet #

If so, born
1st, 2d, 3d #

No. mos. of
pregnancy 9

Is mother
married? yes

Date of
Birth Apr. 10

1944

PLACE OF BIRTH:

County

Eaton

Township

Village or City

Vermontville

Name of hospital
or institution

Russell Maternity

(If not in hospital, give street address)

USUAL RESIDENCE OF MOTHER:

State

Mich.

County

Eaton

Township

Vermontville

Village or City

Mailing Address

Vermontville Mich.

Full
Name

FATHER

LeRoy C. Siple

Full Maiden
Name

MOTHER

Madeline Shaw

Color

White

Age at time of this birth

32

Color

White

Age at time of this birth

29

Birthplace

Mich.

Birthplace

Michigan

Occupation
(and Industry)

Farmer

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

on above date at

8 P

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

1943

If not tested, state reason

Signature

C. L. D. M. Langhlin M.D.

Dated

4/12, 1944

(Attending physician, midwife, father, etc.)

Address

Vermontville Mich.

Filed

4-12, 1944

A. L. Banningham

Registrar

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