CERTIFICATE OF BIRTH MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics FULL NAME OF CHILD. Sex M Twin or Hold so, born Hory Late of Pregnancy G married? Grand Birth Date of Married? Grand Date of City Date of Married? Grand Date of City Date of Married? Grand Date of City	1	
MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics FULL NAME OF CHILD And Trin or Holfs, born Hoo, mos. of Jamother Jamotha Hoo, mos. of Jamother Jamotha Hoo, married Jamotha Hoo, marr	CERTIFICAT	TE OF BIRTH State File No.
FULL NAME OF CHILD Sex M Twin or # / If so, born # No. mos. of g s mother yw Birth Affect of Birth PLACE OF BIRTH: County Catron Township Village or City County Name of hospital Russ W Malting Address FATHER Full Maiden M Address FATHER Full Maiden M Address Color White Age at time of this birth Occupation (and Industry) No. of other children of this mother, now living I hereby certify that I attended the birth of this child, who was (Born alive oscillation of liver intrate?) Dated #// 2 19 444	N. (14 - 11-1)	
Sex M Twin or # If so, born # No. mos. of so mother the Birth pregnancy. PLACE OF BIRTH: County Caton Township. Village or City I I I I I I I I I I I I I I I I I I I	Bureau of Records and Statistics	
USUAL RESIDENCE OF MOTHER: County Caton Township. Village or City V		
County State State County State Township Village or City V	Sex M Twin or # If so, born # No. mos, of G Is mother 4 Date of Birth AM. 10 1944	
Village or City / ** ** ** ** ** ** ** ** ** ** ** ** *	PLACE OF BIRTH:	USUAL RESIDENCE OF MOTHER!
Village or City / ** ** ** ** ** ** ** ** ** ** ** ** *	County Patro	State Much County Zaton
Name of hospital Russels Mailing Address / symmtrille Mothers (If not in hospital, give street address) Full FATHER Name Lull C. Suple Color White Age at time of this birth. 32 Color White Age at time of this birth. 29 Birthplace Mullippe Mailing Mother of this birth. 39 Color White Age at time of this birth. 29 Birthplace Mullippe Mullippe Mullippe Mailing Mothers (and Industry) for a symmetry (and Industry) for a symmetry of this mother, now living 1 No. of other children, born alive, now dead No. born dead 1 hereby certify that I attended the birth of this child, who was (Born alive os stillhospi) AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate? Dated 4//2 1944	Township	1) + '01.
Mailing Address Mailing Ad	Village or City V emmwelle	Village or City
Full Maiden Madeline Shaw Color White Age at time of this birth 32 Birthplace Birthplace Birthplace Multiple (and Industry) For all of this mother, now living No. of other children, born alive, now dead I hereby certify that I attended the birth of this child, who was (Born alive on above date at 8 P M. AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate? Dated 7/12 1944	or institution V Marie 11 august	Mailing Address V emontville mich-
Birthplace Birthplace Multipara Occupation (and Industry) Parallel Mo. of other children of this mother, now living No. of other children, born alive, now dead No. born dead I hereby certify that I attended the birth of this child, who was On above date at No.	100111	Full Maiden Man Addition S
Occupation (and Industry) No. of other children of this mother, now living No. of other children, born alive, now dead I hereby certify that I attended the birth of this child, who was on above date at (Born alive os stillhosn) AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of giver nitrate? Dated 4//2 1944	Color. White Age at time of this birth. 32	Color White Age at time of this birth 29
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Have eyes of child been treated with one and one-half per cent solution of elver nitrate? Dated 4//2 1944	I hereby certify that I attended the birth of this child, who wason above date atM. (Born alive os stillbash)	
Dated 4/12 1944	Have eyes of child been treated with one and Signature A.D. M. A. A. M. M. A. M.	
// // // // // // // // // // // // //		
Was mother's blood tested for syphilis? (Attending physician, midwife, father, etc.)		
Filed 4-12, 1944 9. 2 13 annual Registrar		