Rebated to Child 9-30-44

CERTIFICATE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME OF CHILD: Richard alfred Mc Gregor Local File No. 7

Sex	Twin or Triplet	If so, born 1st, 2d, 3d	No. mos. of pregnancy	Is mother married?	Date of Birth
m	✓	✓	9	Yes	4 – 14, 1944

PLACE OF BIRTH:
County: Eaton
Township:
Village or City: Vermontville Mich.
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. RH2

	FATHER	MOTHER
Full Name / Full Maiden Name	almond a Mc Gregor	Lula E Coleman
Color / Age at time of this birth	W - / 38	W / 33
Birthplace	Ohio	Mich.
Occupation (and Industry)	merchant	Housewife

No. of other children of this mother, now living: 0
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 (Born alive ~~or stillborn~~) on above date at 7 00 P M.

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 Dec, 1943
If not tested, state reason

Signature: C L D Mc Laughlin M.D
Dated 4-18, 1944
(Attending physician, ~~midwife, father, etc.~~)
Address: Vermontville Mich.
Filed 4 – 18, 1944 A L Bammyhart
Registrar

207