

Referred to Co
Sept 9-30-44

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

State File No.

FULL NAME
OF CHILD

Zona Gale Faust

Local File No. 12

Sex F Twin or Triplet + If so, born 1st, 2d, 3d + No. mos. of pregnancy 9 Is mother married? yes Date of Birth 9 - 16, 1944

PLACE OF BIRTH:

County Eaton

Township

Village or City Vermontville

Name of hospital or institution

(If not in hospital, give street address)

USUAL RESIDENCE OF MOTHER:

State Mich. County Eaton

Township

Village or City Vermontville Mich.

Mailing Address

"

FATHER

Full Name Alton W. Faust

Color White Age at time of this birth 30

Birthplace Mich.

Occupation (and Industry) Mechanic

No. of other children of this mother, now living 1

No. of other children, born alive, now dead 0

MOTHER

Full Maiden Name Mary B. Hoke

Color White Age at time of this birth 21

Birthplace Mich.

Occupation (and Industry) Housewife

No. born dead 0

I hereby certify that I attended the birth of this child, who was alive on above date at 10 9 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 Mar, 1944

If not tested, state reason

Signature C. L. D. McLaughlin M.D.

Dated 9/18, 1944

(Attending physician, midwife, father, etc.)

Address Vermontville - Mich.

Filed 9/20, 1944

G. L. Birmingham

Registrar

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