

Reported to clerk
Co. 12-10-45

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

State File No.

FULL NAME
OF CHILD

Eugene Frederick Reed

Local File No. *2*

Sex *M* Twin or Triplet *L* If so, born 1st, 2d, 3d *—* No. mos. of pregnancy *9* Is mother married? *yes* Date of Birth *Aug. 10*, 19*45*

PLACE OF BIRTH:

County *Eaton*

Township

Village or City *Vermontville, Mich.*

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

Full
Name

FATHER

James T. Reed

Color *White* Age at time of this birth *37*

Birthplace *Clare, Mich.*

Occupation
(and Industry)

Turret Lath Operator

No. of other children of
this mother, now living *3*

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

No. born dead *0*

MOTHER

Full Maiden
Name

Beatrice Bernadine James

Color *White* Age at time of this birth *24*

Birthplace *Macomb County*

Occupation
(and Industry)

Housewife

I hereby certify that I attended the birth of this child, who was *alive* on above date at *9:40 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, 19

If not tested, state reason

Signature

L. Donald Kelsey D.O.

Dated *Oct. 23*, 19*45*

(Attending physician, midwife, father, etc.)

Address

Vermontville, Mich.

Filed

Nov. 13, 19*45* *A. L. Banning*

Registrar

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