State File No. 45 CERTIFICATE OF BIRTH MICHIGAN DEPARTMENT OF HEALTH FULL NAME OF CHILD.... Local File No. nov. Is mother u Date of Birth.... Sex. Tunn Twin or If so, born lst, 2d, 3d. No. mos. of pregnancy... USUAL ESIDENCE OF MOTHER: PLACE OF BIRTH: State Mich County... Township. Township. Village or City. Name of hospital or institution..... Mailing Address (If not in hospital, give street address) FATHER MOTHER Full Maiden Name..... Full Name // las 34 2 Age at time of this birth. Age at time of this birth Birthplace M Birthplace..... No. of other children of this mother, now living No. of other children, born alive, now dead... 0 No. born dead. · alive 7.20/ M. I hereby certify that I attended the birth of this child, who was. .on above date at. AS REQUIRED BY LAW: Have eyes of child been treated with one and one-half per cent solution of silver nitrate?

Was mother's blood tested for syphilis?

If nov tested, state reason

(Attending physician midwife father, etc.)

Registrar