

ate File No.

2/16, 1946

Birth  
at M.

an, midwife, father, etc.)  
Registrar

Reported to  
Co. clerk  
6-1-46

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

State File No.

FULL NAME  
OF CHILD

*Jon Dorr Andrews*

Local File No. *12*

Sex *M*

Twin or Triplet *-*

If so, born 1st, 2d, 3d *-*

No. mos. of pregnancy *9*

Is mother married? *ye*

Date of Birth

*May 12*

*1928*

PLACE OF BIRTH:

County

*Eaton*

Township

Village or City

*Vermontville*

Name of hospital or institution

*Halls Memorial*

(If not in hospital, give street address)

USUAL RESIDENCE OF MOTHER:

State

*Mich.*

County

*Eaton*

Township

*Chester*

Village or City

*Charlotte Mich. R. #5*

Mailing Address

Full Name

*H. Dorr Andrews*

Color

*White*

Age at time of this birth *39*

Birthplace

*Michigan*

Occupation (and Industry)

*Farmer*

No. of other children of this mother, now living

*3*

No. of other children, born alive, now dead

*0*

No. born dead

*1*

I hereby certify that I attended the birth of this child, who was *alive* on above date at *59*

(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?

Date, 19

If not tested, state reason

*not required.*

Signature

*C. L. D. McLaughlin M.D.*

Dated

*June 1, 1946*

Address

*Vermontville Mich.*

Filed

*June 1, 1946 A. L. Bonin*

Registrar

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