Reported to be 147 C.

CERTIFICATE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL NAME Wise OF CHILD.... Local File No..... No. mos. of pregnancy.... Is mother yes Twin or Triplet.. PLACE OF BIRTH: USUAL RESIDENCE OF MOTHER: Eaton 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..... 36 Age at time of this birth. Birthplace.. Birthplace. Occupation (and Industry) No. of other children of this mother, now living. No. of other children, born alive, now dead... I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) 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 not tested, state reason.