

*Rebilled to Co. 12-2-48*

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

**FULL NAME OF CHILD** *Joan Bonita Valdick*

**Local File No.** *1*

Sex *F* Twin or Triplet *-* If so, born 1st, 2d, 3d *-* No. mos. of pregnancy *9* Is mother married? *yes* Date of Birth *Oct. 26<sup>th</sup>*, 19*48*

**PLACE OF BIRTH:** *Eaton* **USUAL RESIDENCE OF MOTHER:**

County *Eaton* State *Mich.* County *Eaton*

Township *Vermontville* Township *Vermontville Mich.*

Village or City *Vermontville Mich.* Village or City *Vermontville Mich.*

Name of hospital or institution *South Main St.* Mailing Address *" "*

(If not in hospital, give street address)

**FATHER**

Full Name *Cecil H. Valdick*

Color *White* Age at time of this birth *47*

Birthplace *Benjamin Mich.*

Occupation (and Industry) *Retired Soldier*

No. of other children of this mother, now living *2*

**MOTHER**

Full Maiden Name *Amie M. Tude*

Color *White* Age at time of this birth *39*

Birthplace *Linette Nebraska*

Occupation (and Industry) *Housewife*

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

No. born dead *0*

I hereby certify that I attended the birth of this child, who was *born alive* on above date at *7:30 P* M.

**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 *11-22*, 19*48*

If not tested, state reason

Signature *L. D. Kiley D.O.*

Dated *11-22*, 19*48* (Attending physician, midwife, father, etc.)

Address *Vermontville Mich.*

Filed *11-22*, 19*48* *A. L. Bainingham*  
Registrar

State File No.