Retarded Jorde 49

CERTIFICATE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL NAME John Nobert	Muman Local File No.
Sex M Twin or If so, born No. mos. of pregnancy	
PLACE OF BIRTH: County Eaton	State Much County Euler
Township. Village or City V ermontville	Township. Village or City. V. ermontuill.
Name of hospital ** or institution	Mailing Address //
Full Longe James Murman	Full Maiden Kathryn Elizabah
Color White Age at time of this birth 4/	Color White Agrat time of this birth 3
Birthplace ma ham Co much	Birthplace Croswell
Occupation Store Luper	Occupation Housevil
No. of other children of this mother, now living 5 No. of other ch	ilidren, O No. born dead O
I hereby certify that I attended the birth of this chi	ld, who was Born alive on above date at 4.4
one-half per cent solution of silver nitrate?	sture of Worseld Kelling
Was mother's blood tested for syphilis?	(Attending physician, nadwie, fa
Date, 19	0/14 111/18