

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

Reported to Clerk
JUL 27 '51
BIRTH No. 121-

CERTIFICATE OF LIVE BIRTH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. —1—

1. PLACE OF BIRTH a. COUNTY <u>Eaton</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Michigan</u> b. COUNTY <u>Eaton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>		c. TOWNSHIP, CITY OR VILLAGE <u>Vermontville</u>	d. Is Residence within limits of a city or incorporated Village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>177 Maple Street</u>		e. MAILING ADDRESS <u>Vermontville Mich.</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>George</u>		b. (Middle) <u>James</u>	c. (Last) <u>Newman</u>
4. SEX <u>Female</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) <u>July</u> (Day) <u>1</u> (Year) <u>1951</u>
FATHER OF CHILD			
7. FULL NAME a. (First) <u>George</u> b. (Middle) <u>James</u> c. (Last) <u>Newman</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>44</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Williamston</u>	11a. USUAL OCCUPATION <u>Printing</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lithographing</u>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Kathryn</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Gallagher</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Creswell</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>6</u> b. How many OTHER children were born alive but are now dead? <u>—</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>—</u>	
17. INFORMANT'S NAME <u>George Newman</u>		18a. SIGNATURE <u>L. Donald Kelsey D.O.</u>	
I hereby certify that I attended the birth of this child who was born alive on the date stated above.		18b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> D.O. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) <u>—</u>	
18c. ADDRESS <u>125 West Main St. Vermontville</u>		18d. DATE SIGNED <u>7-14-1951</u>	
19. DATE RECEIVED BY LOCAL REGISTRAR <u>July 20-1951</u>		20. REGISTRAR'S SIGNATURE <u>A. L. Barnum</u>	
FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out)			
21a. LENGTH OF PREGNANCY <u>36</u> Weeks	21b. WEIGHT AT BIRTH <u>8</u> Lbs. <u>4</u> Ozs.	22. LEGITIMATE Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	23. HAVE EYES OF CHILD BEEN TREATED WITH ONE PER CENT SOLUTION OF SILVER NITRATE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
24a. WAS MOTHER'S BLOOD TESTED FOR SYPHILIS DURING THIS PREGNANCY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		24b. DATE OF TEST <u>May 1951</u>	24c. IF BLOOD NOT TESTED, STATE REASON <u>—</u>
25a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		25b. STATE ANY OPERATION FOR DELIVERY <u>None</u>	
25c. DESCRIBE ANY BIRTH INJURY <u>None</u>		25d. DESCRIBE ANY CONGENITAL MALFORMATIONS <u>None</u>	

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