

Reported to
Go clerk

CERTIFICATE OF LIVE BIRTH

State File No.

BIRTH No. 121- NOV 20 1951

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. 2

1. PLACE OF BIRTH a. COUNTY Eaton		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Mich. b. COUNTY Eaton	
b. CITY OR VILLAGE Vermontville		c. TOWNSHIP, CITY OR VILLAGE Vermontville	
c. FULL NAME OF HOSPITAL OR INSTITUTION Home R.F.D.# 1		d. Is Residence within limits of a city or incorporated Village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) Ernest		b. (Middle) Douglas	
		c. (Last) Halliwill	
4. SEX Male	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 Aug 28 1951
FATHER OF CHILD			
7. FULL NAME a. (First) Lowell		b. (Middle) Aero	
		c. (Last) Halliwill	
8. COLOR OR RACE White			
9. AGE (At time of this birth) 51 YEARS	10. BIRTHPLACE (State or foreign country) Minnesota	11a. USUAL OCCUPATION Chain Elevator Empl.	11b. KIND OF BUSINESS OR INDUSTRY Gum & Feed
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Marlys		b. (Middle) Violet	
		c. (Last) Hall Brown	
13. COLOR OR RACE White			
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Sherman, Miss.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many OTHER children are now living? 5	b. How many OTHER children were born alive but are now dead? None
		c. How many children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT'S NAME Marlys Violet Halliwill			
18a. SIGNATURE L. D. Kelsey		18b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> D.O. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS Vermontville Mich.		18d. DATE SIGNED Sept 17 1951	
19. DATE RECEIVED BY LOCAL REGISTRAR Sept. 4 - 1951		20. REGISTRAR'S SIGNATURE A. L. Barningham	
FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out)			
21a. LENGTH OF PREGNANCY 36 Weeks	21b. WEIGHT AT BIRTH 8 Lbs. 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 type="checkbox"/> No <input checked="" type="checkbox"/>		24b. DATE OF TEST	24c. IF BLOOD NOT TESTED, STATE REASON Did not see patient before.
25a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		25b. STATE ANY OPERATION FOR DELIVERY	
25c. DESCRIBE ANY BIRTH INJURY None		25d. DESCRIBE ANY CONGENITAL MALFORMATIONS	

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

222