

BIRTH No. 121- NOV 20 1951

CERTIFICATE OF LIVE BIRTH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. 2

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

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

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