

# CERTIFICATE OF LIVE BIRTH

State File No.

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

BIRTH No. 121-

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>Houghton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Vernonville</u>			c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Hancock</u>		d. Is Residence within limits of a city or incorporated Village? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hall Memorial</u>			e. MAILING ADDRESS <u>Hancock</u> ZONE		
3. CHILD'S NAME (Type or print) a. (First) <u>Barbara</u> b. (Middle) <u>Loise</u> c. (Last) <u>Davis</u>					
4. SEX <u>F</u>	5a. THIS BIRTH Single <input 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>June</u> (Day) <u>20</u> (Year) <u>1927</u>		
FATHER OF CHILD					
7. FULL NAME a. (First) <u>Bernard</u> b. (Middle) <u>L.</u> c. (Last) <u>Davis</u>			8. COLOR OR RACE <u>W</u>		
9. AGE (At time of this birth) <u>32</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Courth, Vermont</u>		11a. USUAL OCCUPATION <u>Superintendent of school</u>	
		11b. KIND OF BUSINESS OR INDUSTRY			
MOTHER OF CHILD					
12. FULL MAIDEN NAME a. (First) <u>Beulah</u> b. (Middle) <u>Hunter</u> c. (Last) <u>Hunter</u>			13. COLOR OR RACE <u>W</u>		
14. AGE (At time of this birth) <u>30</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Michigan Eaton Co.</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>1</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S NAME <u>---</u>					
I hereby certify that I attended the birth of this child who was born alive on the date stated above.		18a. SIGNATURE <u>C.L.D. McLaughlin M.D.</u>		18b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
		18c. ADDRESS <u>Vernonville Mich</u>		18d. DATE SIGNED <u>11-10-45</u>	
19. DATE RECEIVED BY LOCAL REGISTRAR <u>March 31-1954</u>			20. REGISTRAR'S SIGNATURE <u>J.E. Marcum</u>		
FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out)					
21a. LENGTH OF PREGNANCY Weeks		21b. WEIGHT AT BIRTH Lbs. Ozs.		22. LEGITIMATE Yes <input type="checkbox"/> No <input type="checkbox"/>	
23. HAVE EYES OF CHILD BEEN TREATED WITH ONE PER CENT SOLUTION OF SILVER NITRATE? Yes <input type="checkbox"/> No <input type="checkbox"/>		24a. WAS MOTHER'S BLOOD TESTED FOR SYPHILIS DURING THIS PREGNANCY? Yes <input type="checkbox"/> No <input type="checkbox"/>		24b. DATE OF TEST	
24c. IF BLOOD NOT TESTED, STATE REASON		25a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		25b. STATE ANY OPERATION FOR DELIVERY	
25c. DESCRIBE ANY BIRTH INJURY		25d. DESCRIBE ANY CONGENITAL MALFORMATIONS			

223