Free Copy

CERTIFICATE OF LIVE BIRTH

BIRTH No. 121-

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No. 2

Local File No.

1. PLACE OF BIRTH a. COUNTY: Eaton	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Michigan b. COUNTY: Eaton
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Vermontville R.F.D.	c. TOWNSHIP, CITY OR VILLAGE (Name of): d. Is Residence within limits of a city or incorporated Village? Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Vermontville R.F.D.	e. MAILING ADDRESS: ZONE

3. CHILD'S NAME (Type or print) a. (First)	b. (Middle)	c. (Last)	4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Loretta	Georgia	Shilling	Fe	Single ☒ Twin ☐ Triplet ☐	1st ☐ 2nd ☐ 3rd ☐	10 - 14 - '35

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE	9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
Earl	D.	Shilling	White	27 YEARS	Michigan	Farmer	Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE	14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)
Alice	Antoinette	Hardy	White	24 YEARS	Michigan

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
2	0	0

17. INFORMANT'S NAME: Earl Shilling

I hereby certify that I attended the birth of this child who was born alive on the date stated above.

18a. SIGNATURE: Stuart Lofdahl M.D.
18c. ADDRESS: Nashville, Mich.
18b. ATTENDANT AT BIRTH: M.D. ☒ D.O. ☐ Midwife ☐ Other (Specify)
18d. DATE SIGNED: 5-25-59

19. DATE RECEIVED BY LOCAL REGISTRAR:
20. REGISTRAR'S SIGNATURE:

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

21a. LENGTH OF PREGNANCY	21b. WEIGHT AT BIRTH	22. LEGITIMATE	23. HAVE EYES OF CHILD BEEN TREATED WITH ONE PER CENT SOLUTION OF SILVER NITRATE?
Weeks	Lbs. Ozs.	Yes ☒ No ☐	Yes ☒ No ☐

24a. WAS MOTHER'S BLOOD TESTED FOR SYPHILIS DURING THIS PREGNANCY?	24b. DATE OF TEST	24c. IF BLOOD NOT TESTED, STATE REASON
Yes ☒ No ☐	4h	+

25a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	25b. STATE ANY OPERATION FOR DELIVERY
Nox	None
25c. DESCRIBE ANY BIRTH INJURY	25d. DESCRIBE ANY CONGENITAL MALFORMATIONS
Nox	None

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.

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