CERTIFICATE OF LIVE BIRTH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No. 121-

Local File No. _3_

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY _Eaton_	a. STATE _Mich_	b. COUNTY _Eaton_
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township) _Vermontville_	c. TOWNSHIP, CITY OR VILLAGE (Name of) _Vermontville_	d. Is Residence within limits of a city or incorporated Village? Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) _West Main St._	e. MAILING ADDRESS _Vermontville_	ZONE

3. CHILD'S NAME (Type or print)	a. (First) _Linda_	b. (Middle) _Estelle_	c. (Last) _Halliwill_

4. SEX _Female_	5a. THIS BIRTH Single [X] Twin [ ] Triplet [ ]	5b. IF TWIN OR TRIPLET (This child born) 1st [ ] 2nd [ ] 3rd [ ]	6. DATE OF BIRTH (Month) _12_ (Day) _23_ (Year) _1952_

FATHER OF CHILD

7. FULL NAME	a. (First) _Lowell_	b. (Middle)	c. (Last) _Halliwill_	8. COLOR OR RACE _White_
9. AGE (At time of this birth) _52_ YEARS	10. BIRTHPLACE (State or foreign country) _Minnesota_		11a. USUAL OCCUPATION _Elevator Worker_	11b. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First) _Marlis_	b. (Middle) _Violet_	c. (Last) _Brown_	13. COLOR OR RACE _White_

14. AGE (At time of this birth) _28_ YEARS	15. BIRTHPLACE (State or foreign country) _Wisconson_	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
17. INFORMANT'S NAME		a. How many OTHER children are now living? _6_	b. How many OTHER children were born alive but are now dead? _6_	c. How many children were stillborn (born dead after 20 weeks pregnancy)?

I hereby certify that I attended the birth of this child who was born alive on the date stated above.	18a. SIGNATURE _Donald Kelsey D.C._	18b. ATTENDANT AT BIRTH M.D. [ ] D.O. [X] Midwife [ ] Other (Specify)
	18c. ADDRESS _Vermontville_	18d. DATE SIGNED

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 _36_ Weeks	21b. WEIGHT AT BIRTH _6_ Lbs. _3_ Ozs.	22. LEGITIMATE Yes [X] No [ ]	23. HAVE EYES OF CHILD BEEN TREATED WITH ONE PER CENT SOLUTION OF SILVER NITRATE? Yes [X] No [ ]
24a. WAS MOTHER'S BLOOD TESTED FOR SYPHILIS DURING THIS PREGNANCY? Yes [X] No [ ]	24b. DATE OF TEST _Nov. 19, 1952_	24c. IF BLOOD NOT TESTED, STATE REASON	
25a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		25b. STATE ANY OPERATION FOR DELIVERY _none_	
25c. DESCRIBE ANY BIRTH INJURY _none_		25d. DESCRIBE ANY CONGENITAL MALFORMATIONS _none_	

B-2

225