

CERTIFICATE OF LIVE BIRTH

State File No. _____

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. 1

BIRTH No. 121-

1. PLACE OF BIRTH a. COUNTY <u>Caton</u> b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township) <u>Rural</u> c. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Michigan</u> b. COUNTY _____ c. TOWNSHIP, CITY OR VILLAGE (Name of) _____ d. Is Residence within limits of city or incorporated Village? Yes <input type="checkbox"/> No <input type="checkbox"/> e. MAILING ADDRESS <u>R. # 1. Vermontville</u> ZONE _____	
3. CHILD'S NAME (Type or print) a. (First) <u>Occile</u> b. (Middle) <u>Anne</u> c. (Last) <u>Friend</u>		4. SEX <u>Female</u> 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 (Month) (Day) (Year) <u>January 12 1960</u>	
FATHER OF CHILD			
7. FULL NAME a. (First) <u>Lloyd</u> b. (Middle) <u>Ernest</u> c. (Last) <u>Friend</u> 8. COLOR OR RACE <u>White</u>		9. AGE (At time of this birth) <u>49</u> YEARS 10. BIRTHPLACE (State or foreign country) <u>Saginaw, Mich.</u> 11a. USUAL OCCUPATION <u>Truck Driver</u> 11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Trucking</u>	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) <u>Jane</u> c. (Last) <u>Day</u> 13. COLOR OR RACE <u>White</u>		14. AGE (At time of this birth) <u>38</u> YEARS 15. BIRTHPLACE (State or foreign country) <u>Saginaw, Michigan</u> 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>12</u> b. How many OTHER children were born alive but are now dead? <u>1</u> c. How many children were stillborn (born dead after weeks pregnancy)? <u>0</u>	
17. INFORMANT'S NAME <u>Mrs. Betty Friend</u> I hereby certify that I attended the birth of this child who was born alive on the date stated above.		18a. SIGNATURE <u>Regina A. Barotti D.O.</u> 18b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> D.O. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) <u>mother delivered</u> 18c. ADDRESS _____ 18d. DATE SIGNED _____	
19. DATE RECEIVED BY LOCAL REGISTRAR <u>February 2 - 1960</u>		20. REGISTRAR'S SIGNATURE <u>Leta L. Nagle</u>	
FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out)			
21a. LENGTH OF PREGNANCY <u>38</u> Weeks 21b. WEIGHT AT BIRTH <u>7</u> Lbs. <u>1</u> Ozs. 21c. DATE OF TEST _____ 24a. WAS MOTHER'S BLOOD TESTED FOR SYPHILIS DURING THIS PREGNANCY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 type="checkbox"/> No <input checked="" type="checkbox"/> 24b. IF BLOOD NOT TESTED, STATE REASON <u>No prenatal care</u>	
25a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		25b. STATE ANY OPERATION FOR DELIVERY <u>None</u>	
25c. DESCRIBE ANY BIRTH INJURY <u>None</u>		25d. DESCRIBE ANY CONGENITAL MALFORMATIONS <u>None</u>	

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD
 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.

MARGIN RESERVED FOR BINDING

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