

(1) Place of birth

County of Oakland

Township of Orchard

or  
Inc. Town of Orchard

or  
City of Orchard

(If birth at hospital or other institution, give name of town instead of street and number)

(2) Full Name of child Levi Lee Shuler

(a) Day of birth 20

Month July

Year 1948

(b) Sex Male

(c) Present residence of father Orchard, Oakl. Co.

(d) Color White

(e) Date of last birthday 48

(f) Birthplace Orchard, Oakl. Co.

(g) Occupation Farm hand

(h) Number of children born to mother, including present birth 1

(i) Name added from a supplemental report

(j) Registrar W. G. Johnson

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

OR MIDWIFE OR ATTENDANT

Name of State or District

Date of Birth certificate

State Board of Health

REGISTRATION NUMBER

20028

Registration District No. 36

Residence No. 90

(For use of Local Registers)

(No. ..... Street ..... Ward .....)

Hospital or other institution, give name instead of street and number)

(If child to not yet named make supplemental report as directed)

(3) MOTHER'S NAME Sarah Shuler

(4) MOTHER'S MIDDLE NAME Elvonne

(5) MOTHER'S LAST NAME Negley

(6) MOTHER'S COLOR White

(7) MOTHER'S BIRTHDAY Aug. 3, 1912

(8) MOTHER'S BIRTHPLACE Orchard, Oakl. Co.

(9) MOTHER'S OCCUPATION Farm hand

(10) FATHER'S NAME John Shuler

(11) FATHER'S MIDDLE NAME Lee

(12) FATHER'S LAST NAME Shuler

(13) FATHER'S COLOR White

(14) FATHER'S BIRTHDAY Aug. 3, 1888

(15) FATHER'S BIRTHPLACE Orchard, Oakl. Co.

(16) FATHER'S OCCUPATION Farm hand

(17) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was born alive (or stillborn) (Check A. M. or P. M.) on Oct. 8, 1948 alive or stillborn (Check A. M. or P. M.) alive dead stillborn

(19) (Signature) Kelvin Shuler

(20) State whether physician or midwife Physician

(21) Name of Physician or Midwife W. G. Johnson

Gives name added from a supplemental report

(22) WITNESS W. G. Johnson

(Signature of Witness accepted by attending physician)

when signature is signed by witness

(23) Filed Oct. 8, 1948

When there was no attending physician or midwife, then the name, license number, or name of the physician or midwife who attended the birth must be reported separately.

If a child breathes even once, it must not be reported as stillborn before the 24th hour.