

(1) PLACE OF BIRTH

County of Wayne, Mich.

Township of Eastland

or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John

(a) SEX OF CHILD Male (b) TOP OF HEAD 100 (c) HEAD OR OTHER 100
To be covered only in case of Top

FATHER

(1) FULL NAME John

(2) PRESENT RESIDENCE OF FATHER Wayne, Mich.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30

(12) BIRTHPLACE Wayne, Mich.

(13) OCCUPATION Farmer

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

CERTIFICATE OF PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(16) Signature of Physician or Midwife John (17) Address of Physician or Midwife Wayne, Mich.

Given name added from a certificate

(Signature of Witness necessary only when question 15 is signed "Y" mark)

John (18) Wayne, Mich.