

(2) FATHER'S NAME  
County of Wayne  
Township of Wayne  
or  
Inc. Town of.....  
or  
City of.....

STATE OF MICHIGAN  
BUREAU OF VITAL STATISTICS  
State Board of Health  
Registration District No. 24

Registered No. 73  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(2) Full Name of Child.....

(1) SEX girl (2) AGE 2 (3) RACE negro (4) COLOR negro (5) DATE OF BIRTH Aug 9 1923

FATHER  
(1) NAME Jake Johnson  
(2) ADDRESS Kershaw St  
(3) COLOR negro (4) AGE AT LAST BIRTH 27  
(5) OCCUPATION A.C.  
(6) RESIDENCE Labore  
(7) NUMBER OF OTHER LIVES BY WHICH, INCLUDING PRESENT ONE

MOTHER  
(1) NAME Winnie Rose Hayes  
(2) ADDRESS Kershaw St  
(3) COLOR negro (4) AGE AT LAST BIRTH 16  
(5) OCCUPATION A.C.  
(6) RESIDENCE Labore  
(7) NUMBER OF OTHER LIVES BY WHICH, INCLUDING PRESENT ONE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(18) I hereby certify that I attended the birth of this child, who was born born alive on the date above stated.  
(19) (Signature) M. D.  
(20) State whether Physician or Midwife  
(21) Address of Physician or Midwife Kershaw St

Given name added from a supplemental report  
(22) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(23) Signed Aug 12 1923 (24) Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.  
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