

Form No. 1

## (1) PLACE OF BIRTH

County of Wayne  
 Township of Flint  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF MICHIGAN  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

32684

Registration District No. 2508Registered No. 110  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward)

(2) Full Name of Child James Henry Higgins

If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Twin or Triplet (5) Number in order of birth (6) DATE OF BIRTH July 23, 1921  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rufus Henry Higgins  
 (9) PRESENT RESIDENCE OF FATHER Mechanics 38  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27  
 (12) BIRTHPLACE Marion Co. Ia.  
 (13) OCCUPATION Farm

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bailey  
 (15) PRESENT RESIDENCE OF MOTHER Mechanics 38  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
 (18) BIRTHPLACE Henry County  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) E. H. Sweeney(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mechanics 38

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Oct 18 1921

(28)

Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person who first discovered the child, must report the birth. If a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.

K O D A K S A F E T