

(1) Place of birth
County of Wayne
Township of Warren
City of Warren
State of Michigan

CERTIFICATE OF BIRTH
State of Michigan
Department of Health
Registration District No. 100

Registered No. 6
(For use of Local Health Officer)

(2) Full Name of Child John Chuda

If child is not yet named, give name intended to be given

Age 2 Years 6 Months 10 Days
Sex Male

Color of Eyes Blue Color of Hair Dark

Place of Birth Edgely Chuda

Place of Birth Patience

Address of Child Tullon St

Address of Child Bellam St

Color of Skin Negro Age at Birth 26

Color of Skin Negro Age at Birth 20

Place of Birth Edgely Chuda

Place of Birth Greenwood Co

Signature of Child John Chuda

Signature of Child Patience

Number of children born to mother including present birth 4

Number of children of this mother now living including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child who was John Chuda on the date above stated.

(29) (Signature) Law & Rogers

(30) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(31) Witness J. P. A. 10

(Signature of Witness necessary only when question is signed or made)

(32) Date Jan 10 1923

When there was no attending physician or midwife, then the father, householder, or other person present at the birth of the child must sign this certificate. If a child breathes even once, it must not be reported as stillborn. No report is required of a stillborn child before the fifth month of pregnancy.