

Form No. 1.

(1) PLACE OF BIRTH

County of *York*

Township of *Elba*

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 *David Ross*

(3) BOY OR GIRL? *g* (4) Twin or 1st *1st* (5) Father's name *William Brown* (6) Age *2* (7) Sex *Male*

FATHER

(8) FULL NAME *William Brown*

(9) PRESENT POSTOFFICE OF FATHER *Poultice*

(10) COLOR OR RACE *W.* (11) AGE AT BIRTH *31* (12) BIRTHPLACE *Hudson St.*

(13) OCCUPATION *Teacher*

(14) Number of children of father and mother, including present child *1*

MOTHER

(15) NAME BEFORE MARRIAGE *Esther Brown*

(16) PRESENT POSTOFFICE OF MOTHER *Poultice*

(17) COLOR OR RACE *W.* (18) AGE AT BIRTH *28* (19) BIRTHPLACE *Hudson St.*

(20) OCCUPATION *Domestic*

(21) Number of children of mother and father, including present child *1*

CERTIFICATE OF AFFIRMING PREGNANT ON BODILY

(22) I hereby certify that I attended the birth of this child, who was *David Ross* on the date above stated.

(23) State of *Michigan* (24) Address of Registrar *Elba*

Citizen name added from a supplemental report

(25) Signature of Registrar *J. J. [Signature]*

(26) Date *July 6*

(27) Address of Registrar *Elba*

(28) Address of Registrar *Elba*

(29) Address of Registrar *Elba*

(30) Address of Registrar *Elba*

MARGIN RESERVED FOR BINDING.

WRITING TABLE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Michigan