

(1) **County of** Wayne
City of Detroit
State of Michigan

CERTIFICATE OF BIRTH
State of Michigan
State Board of Health

2896

Registration District No. 404 **Registered No.** 34
(For use of Local Registrar)

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

(2) **Full Name of Child**

Sex Girl **Age** 5 **Month** 7 **Day** 23
To be completed in case of birth or death

FATHER
NAME Clarence Aiken
RESIDENCE Emhardt S.C.
COLOR Cal **AGE AT LAST BIRTH** 25
BIRTHPLACE S.C.
OCCUPATION Farmer
Number of children born to mother, including present one 5

MOTHER
NAME Flora Sease
RESIDENCE Emhardt S.C.
COLOR W.C. **AGE AT LAST BIRTH** 26
BIRTHPLACE S.C.
OCCUPATION Farmer
Number of children of this mother now living, including present one 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(23) 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.)
(24) (Signature) D. A. Frank
(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Emhardt S.C.

Given name added from a supplementary report
(27) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(28) March 23, 1903
Registrar

*When there was no attending physician or midwife, then the birth must be reported on this form before the child breathes even once, it must not be reported on any other form.