PLACE OF BIRTH

County of Eaton

Township of Vermontville

or

Village of "

or

City of

FULL NAME OF CHILD D. Ivan F. Boyd

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics.

RECORD OF BIRTH

Registered No. 8

(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.

Sex of child	Twin, triplet, or other? and Number in order of birth	Legitimate?	Date of Birth
Male	1	Yes	Nov. 7, 1923 (Month) (Day) (Year)

FATHER		MOTHER	
Full Name	Fred Boyd	Full Maiden Name	Laura Andreas
Residence (P. O. Address)	Vermontville.	Residence (P. O. Address)	Vermontville
Color or Race	White	Color or Race	White
Age at Last Birthday (Years)	52	Age at Last Birthday (Years)	46
Birthplace	Mich.	Birthplace	Michigan
Occupation (And Industry)	Carpenter.	Occupation (And Industry)	Housewife

Number of child of this mother 9 Number of children, of this mother, now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Alive at 2 a M. on the date above stated.

(Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes

(Signature) C. F. D. McLaughlin

Dated 11/9 1923

(Attending physician, midwife, father, etc.*)

Address Vermontville

Given or christian name added from a supplemental report 19

Filed 11/[illegible] 1923 C. H. Lamb

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

Form 220-9-5-21—100 Books

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