PLACE OF BIRTH

County of Eaton

Township of

or

Village of Vermontville

or

City of

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 5

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

FULL NAME OF CHILD Donald George Garrett

{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		1	Yes	June 11, 1937 (Month) (Day) (Year)

FATHER	MOTHER
Full Name: George Garrett	Full Maiden Name: Florence Leasmont
Residence (P. O. Address): Vermontville. Mich.	Residence (P. O. Address): Vermontville. Mich.
Color or Race: White	Age at Last Birthday: 59 (Years)
Color or Race: White	Age at Last Birthday: 32 (Years)
Birthplace: Michigan	Birthplace: Michigan
Occupation (And Industry): Farmer	Occupation (And Industry): Housewife

Number of child of this mother 3 Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a. M., on the date above stated.
(Born alive or ~~stillborn~~)

Have eyes of child been treated with one per cent solution of silver nitrate as required by law? Yes

(Signature) C L D Mc Laughlin MD.
(Attending Physician, midwife, father, etc.*)

Dated June 30, 1937

Address Vermontville. Mich.

Given or christian name added from a supplemental report ____, 192__

Filed July 3, 1937 A. L. Barmington
Registrar.

Was there any serious malformation or defect? ____

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.

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

MARGIN RESERVED FOR BINDING

Form 220—9-28-28

139