

MICHIGAN DEPARTMENT OF HEALTH  
Division of Vital Statistics.  
RECORD OF BIRTH

PLACE OF BIRTH  
County of Caton  
Township of .....  
or  
Village of Vernonville (No. .... St., ..... Ward)  
or  
City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No. 8

FULL NAME OF CHILD Ruth Ann Jewess { If child is not yet named, make supplemental report, as directed.

|  |   |                            |  |   |  |
|--|---|----------------------------|--|---|--|
| Sex of child <u>Female</u>   | Twin, triplet, or other? <u>1</u>         | and                        | Number in order of birth <u>1</u>  | Legitimate? <u>yes</u>                    | Date of Birth <u>6-14-1931</u><br>(Month) (Day) (Year) |
| FATHER<br>Full Name <u>William E Jewess</u><br>Residence (P. O. Address) ..... |   |                            | MOTHER<br>Full Maiden Name <u>Ann E. Kapinsky</u><br>Residence (P. O. Address) <u>Same</u> |   |  |
| Color or Race <u>white</u>   | Age at Last Birthday <u>32</u><br>(Years) | Color or Race <u>white</u> |  | Age at Last Birthday <u>28</u><br>(Years) |  |
| Birthplace <u>Mich</u>   |   |                            | Birthplace <u>Mich</u>   |   |  |
| Occupation (And Industry) <u>Mechanic</u>                                      |   |                            | Occupation (And Industry) <u>Housewife</u>   |   |  |
| Number of child of this mother..... <u>2</u>                                   |   |                            | Number of children, of this mother, now living..... <u>2</u>                               |   |  |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Have eyes of child been treated with }  
a prophylaxis solution? }  
Given or christian name added from a }  
supplemental report.....19..... }  
(Attending physician, midwife, father, etc.)\*

(Signature) [Signature]  
Dated 6-23-1931  
Address Vernonville  
Filed 6-27-1931 [Signature] Registrar.

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.

MARGIN RESERVED FOR BINDING

Form 520-5-2-31-100 Books

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