

State of Michigan



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DEPARTMENT OF STATE COUNTY CLERK CERTIFICATION

I, Ruth Johnson, Secretary of State of the State of Michigan and custodian of the Great Seal of the State, hereby certify that, John J. Gleason, whose attestation is affixed to the annexed instrument, was on the date thereof the duly elected or appointed and qualified Genesee County Clerk and the Clerk of the Circuit Court and all official acts as such should be given full faith and credit in all Courts of Justice and elsewhere.

IN TESTIMONY WHEREOF, I have hereto affixed my signature and Great Seal of the State, at Flint, this 23rd day of May in the year of our Lord two thousand and seventeen.



Ruth A. Johnson

Secretary of State

197628-1-509335-194

This certification attests only to the authenticity of the signature of the official who signed the affixed document, the capacity in which that official acted, and where appropriate, the identity of the seal or stamp which the document bears. This certification is not intended to imply that the contents of the document are correct, nor that they have the approval of the State of Michigan.



CERTIFICATE OF LIVE BIRTH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

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Local File No. 6488

BIRTH No. 123 —

1. PLACE OF BIRTH a. COUNTY Genesee		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Michigan b. COUNTY Genesee	
b. CITY (If outside corporate limits, write BURAL and give township) OR VILLAGE Flint		c. TOWNSHIP, CITY OR VILLAGE (Name of) Flint	d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) Hurley Hospital		e. MAILING ADDRESS 726 Lyndon ZONE	
3. CHILD'S NAME (Type or Print)			
a. (First)		b. (Middle)	c. (Last)
Lorenzo		Ray	Lewis
4. SEX Male	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) September 21, 1965

FATHER OF CHILD

7. FULL NAME			
a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Henry	Ray	Lewis	Negro
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Louisiana	11a. USUAL OCCUPATION Trim Dept.	11b. KIND OF BUSINESS OR INDUSTRY Fisher Body

MOTHER OF CHILD

12. FULL MAIDEN NAME			
a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Laura	Mae	Hamilton	Negro
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Louisiana	18. CHILDREN PREVIOUSLY BORN TO THE MOTHER (Do NOT include this child)	16. CHILDREN PREVIOUSLY BORN TO THE MOTHER (Do NOT include this child)
		a. How many OTHER children are now living? 2	b. How many OTHER children were born alive but are now dead? 0
		c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S NAME Laura Mae Lewis			

18a. SIGNATURE Alex Solik, M.D.		18b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
I hereby certify that I attended the birth of this child who was born alive on the date stated above.		18c. ADDRESS 311 E. Court	
		18d. DATE SIGNED 9-23-65	

19. DATE RECEIVED BY LOCAL REGISTRAR 10-5-65	20. REGISTRAR'S SIGNATURE Evelyn R. Maynard, Deputy
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FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

21a. LENGTH OF PREGNANCY Weeks	21b. WEIGHT AT BIRTH Lbs. Ozs.	22. LEGITIMATE Yes <input type="checkbox"/> No <input type="checkbox"/>	23. HAVE EYES OF CHILD BEEN TREATED WITH ONE PERCENT SOLUTION OF SILVER NITRATE? Yes <input type="checkbox"/> No <input type="checkbox"/>
24a. WAS MOTHER'S BLOOD TESTED FOR SYPHILIS DURING THIS PREGNANCY? Yes <input type="checkbox"/> No <input type="checkbox"/>		24b. DATE OF TEST	24c. IF BLOOD NOT TESTED, STATE REASON
25a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		25b. STATE ANY OPERATION FOR DELIVERY	
25c. DESCRIBE ANY BIRTH INJURY		25d. DESCRIBE ANY CONGENITAL MALFORMATIONS	

Margin Reserved for Binding

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK — THIS IS A PERMANENT RECORD
N.B. — In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

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