

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

REGISTER OF BIRTHS

PUBLIC ACT NO. 380 OF 1905

(Township or Village.)

County of

From Jan 1st, 1906, to Dec 1st, 1908

PRESERVE WITH CARE. Copy each certificate of birth as soon as received, numbering it in order and entering date of filing. Notify physicians and midwives of incomplete data, and issue blank for return of christian name when it is not given on original certificate. Registered numbers begin with "No. 1" for first birth in each calendar year. See instructions on back of certificate of birth, monthly statement slip and quarterly report to county clerk. Also read the entire law, copies of which will be sent upon request by the Secretary of State.

DO NOT FAIL to return all of the original certificates of birth filed with you to the Secretary of State when making your report of deaths on the FOURTH (4th) day of the following month, said births having occurred in the previous calendar month or months. Births that occur from the first to the fourth days of any month should not be returned on the fourth, but held until the complete month can be returned. As physicians and midwives have ten days to report, births in the latter part of the month may be too late to return; hold them until the next monthly report. **WHEN NO BIRTHS OCCURRED** that fact must be reported as directed on back of monthly statement slip..

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.

PLACE OF BIRTH
 County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of Chelsea (No.)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. /

St; _____ Ward) _____

FULL NAME
 OF CHILD Edward Radies

{ If child is not yet named, make
 supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? 	and { Number in order of birth 	Legitimate? Yes	Date of Birth <u>Jan 11, 1906</u> (Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <u>Albert Radies</u>		MILDAU <u>Amelia Heinrich</u>		
RESIDENCE <u>Chelsea</u>			RESIDENCE <u>Chelsea</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR OR RACE <u>White</u>		AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Germany</u>			BIRTHPLACE <u>Lima Mich</u>	
OCCUPATION <u>Blacksmith</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>3</u>		Number of children, of this mother, now living <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Jan 11, 1906, at 2 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a
supplemental report 190

(Signature) S G Bush

Dated Jan 17 1906

(Attending physician, midwife, father, etc.)

Address Chelsea Michigan

Filed Jan 17, 1906

W H Kesselschmidt

MARGIN RESERVED FOR BINDING.

Form 220-10-05-2,000

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.

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

PLACE OF BIRTH
 County of Washtenaw
 Township of Sylvan
 or Village of Chelsea
 or City of _____

FULL NAME OF CHILD Frank Hughes

Registered No. 2

West Middle St.; _____ Ward)

{ If child is not yet named, make supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? _____	and Number in order of birth _____	Legiti-mate? _____	Date of Birth <u>March 3, 1906</u> (Month) (Day) (Year)
FULL NAME <u>Thomas H. Hughes</u>		FATHER		
RESIDENCE <u>Chelsea</u>		MOTHER		
COLOR OR RACE <u> Caucasian</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	RESIDENCE <u>Mabel Brooks</u>		
<u>White</u>		<u>Chelsea</u>		
BIRTHPLACE <u>North Wales</u>	COLOR OR RACE <u>White</u>		AGE AT LAST BIRTHDAY <u>24</u> (Years)	
OCCUPATION <u>Machinist</u>	BIRTHPLACE <u>Chelsea</u>			
Number of child of this mother <u>2</u>	OCCUPATION <u>Housewife</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 above child, and that it occurred on Mar 3, 1906, at 4 A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) S G BushDated Mar 5 1906

(Attending physician, midwife, father, etc.)

Address ChelseaFiled Mar 12, 1906W. W. Beselichard

Given or christian name added from a
supplemental report 190

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.

PLACE OF BIRTH
County of Washtenaw
Township of Sylvan
or
Village of Chelsea
or
City of _____

STATE OF MICHIGAN
Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 33

St; _____ Ward) _____

FULL NAME
OF CHILDHarold Brooks{ If child is not yet named, make
supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? _____	{ and { Number in order of birth _____	Legiti-mate? _____	Date of Birth <u>Mar 4, 1906</u>
				(Month) (Day) (Year)

FATHER

FULL NAME Howard BrooksRESIDENCE ChelseaCOLOR OR RACE CaucasianAGE AT LAST BIRTHDAY 28

(Years)

BIRTHPLACE ChelseaOCCUPATION LaborerNumber of child of this mother 3

MOTHER

FULL MAIDEN NAME Etta SiebeRESIDENCE ChelseaCOLOR OR RACE CaucasianAGE AT LAST BIRTHDAY 28

(Years)

BIRTHPLACE ChelseaOCCUPATION HousewifeNumber of children, of this mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Mar 4, 1906, at 3 A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) S. G. BushDated Mar 4 1906(Attending physician, midwife, father, etc.)Address Chelsea NeckFiled Mar 12, 1906 MHCeselschmidt

REGISTRAR.

REGISTRAR.

MARGIN RESERVED FOR BINDING.

Form 220-10-05-2,000

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.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

PLACE OF BIRTH
 County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

FULL NAME OF CHILD

Harold W. Bristle

(No.)

Registered No. 54

St.; _____ Ward)

{ If child is not yet named, make supplemental report, as directed.

Sex of child

MaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?

Date of Birth

Mar 14, 1906
(Month) (Day) (Year)

FULL NAME

FATHER

John Bristle

RESIDENCE

Chelsea

COLOR OR RACE

CaucasianAGE AT LAST BIRTHDAY
29
(Years)

BIRTHPLACE

Lodi Michigan

OCCUPATION

Moulder

Number of child of this mother

2

FULL MAIDEN NAME

MOTHER

Emma Klumpp

RESIDENCE

Chelsea

COLOR OR RACE

CaucasianAGE AT LAST BIRTHDAY
23
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

Housewife

Number of children, of this mother, now living

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Mar 14, 1906, at 8 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) J.G. BushDated Mar 24 1906

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address ChelseaFiled Mar 21, 1906W.C. Belschmitsupplemental report April 6 1906W.C. Belschmit

REGISTRAR.

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH
County of Washtenaw
Township of Sylvan
or
Village of Chelsea
or
City of _____

Paid to here June 23-1906
STATE OF MICHIGAN
Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 5

St. _____ Ward) _____

(If child is not yet named, make supplemental report, as directed.) 21FULL NAME
OF CHILDSex of
childTwin,
triplet,
or other?

(No.)

and
Number
in order
of birthLegiti-
mate?Date of
BirthMar 18, 1906
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother

3

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

OCCUPATION

Number of children, of this mother, now living

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Mar 18, 1906, at 4 A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

S. J. Bush

Dated

Mar 27 1906

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

Address

Chelsea Michigan

Filed

Mar 28, 1906H. H. Heselschmidt

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

County of Washtenaw
 Township of Sylvan
 or Village of Chelsea
 or City of

FULL NAME OF CHILD

(No.) North Main St.; Ward) 6

Sex of child Female Twin, triplet, or other? } and Number in order of birth Legitimate? Date of Birth April 9, 1906
 (Month) (Day) (Year)

If child is not yet named, make supplemental report, as directed.

FATHER		MOTHER	
Roy Evans		Grace Swarthout	
Chelsea		Chelsea Mich	

RESIDENCE	
Chelsea	

COLOR OR RACE	AGE AT LAST BIRTHDAY (Years)	COLOR OR RACE	AGE AT LAST BIRTHDAY (Years)
Caucasian	31	Caucasian	19

BIRTHPLACE	
Chelsea	

OCCUPATION	
Electrician	

Number of child of this mother 1 Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of above child, and that it occurred on Apr 9, 1906, at 9 A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) E. G. Bush

Dated April 17, 1906 (Attending physician, midwife, father, etc.)*

Given or christian name added from a supplemental report 190 Address Chelsea Mich

Filed April 30, 1906 W. H. Beelock, M.D. (Attending physician, midwife, father, etc.)*

REGISTRAR.

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.

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

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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.

PLACE OF BIRTH

County of Washtenaw

Township of Sylvan

or Village of Chelsea

City of

FULL NAME OF CHILD

Lillian Estella Embury

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 7

St: _____ Ward: _____

{ If child is not yet named, make supplemental report, as directed.

Sex of child	Female	Twin, triplet, or other?	{ and { Number in order of birth	Legitimate?	Date of Birth	June 10, 1906
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FULL NAME	FATHER		MOTHER
Amos J Embury			Mary Ellen Lloyd

RESIDENCE	Chelsea		Chelsea
COLOR OR RACE	White	AGE AT LAST BIRTHDAY	28 (Years)

BIRTHPLACE	Eug		Eug
OCCUPATION	Labour	COLOR OR RACE	White

Number of child of this mother	2	AGE AT LAST BIRTHDAY	27 (Years)
OCCUPATION	Housewife	BIRTHPLACE	Eug

Number of children, of this mother, now living 2

Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on June 10, 1906, at 10 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) Dr. A. M. McColgan

Dated June 10, 1906

(Attending physician, midwife, father, etc.) Chelsea Mich

Given or christian name added from a supplemental report 190

Address

Filed June 20, 1906

W. W. Macdonnell

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WashingtonTownship of Sylvanor
Village of Chelseaor
City of _____

(No.)

FULL NAME
OF CHILDGeorge RicketRegistered No. 8

St.; _____ Ward)

{ If child is not yet named, make
supplemental report, as directed.Sex of
child

Male

Twin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?Date of
BirthJune 19, 1906
(Month) (Day) (Year)FULL
NAME

FATHER

George Ricket

RESIDENCE

Chelsea MichCOLOR
OR RACE

White

AGE AT LAST
BIRTHDAY 20
(Years)FULL
MAIDEN
NAME

MOTHER

Martha Grosshans

RESIDENCE

ChelseaCOLOR
OR RACE

White

AGE AT LAST
BIRTHDAY 22
(Years)

BIRTHPLACE

Stockbridge Mich

BIRTHPLACE

Muskegon Co Mich

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother

First

Number of children, of this mother, now living

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

June 19, 1906, at 10⁴⁵₂₀ M.

(Signature)

Dated June 20 1906

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

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a
supplemental report 190

Address

Chelsea MichFiled June 21, 1906W.C. Heselshmidt

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.

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

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH County of <u>Washtenaw</u>		STATE OF MICHIGAN Department of State--Division of Vital Statistics		
Township of <u>Sylvan</u> or Village of <u>Chelsea</u> or City of		RECORD OF BIRTH		
		Registered No. <u>9</u>		
		St: Ward) (No.)		
FULL NAME OF CHILD <u>Mabel Ellen Schmidt</u>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Female</u>	Twin, triplet, or other? <u>-</u>	{ and { Number in order of birth <u>3</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 17</u> , 1906 (Month) (Day) (Year)
FATHER FULL NAME <u>Lewis E Schmidt</u>		MOTHER FULL MAIDEN NAME <u>Hattie E Wright</u>		
RESIDENCE <u>Chelsea</u>		RESIDENCE <u>Chelsea</u>		
COLOR OR RACE <u>Caucasian</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR OR RACE <u>Caucasian</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	
BIRTHPLACE <u>Livingston Co</u>	OCCUPATION <u>Night Watch in Factory</u>	BIRTHPLACE <u>Livingston Co</u>	OCCUPATION <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 above child, and that it occurred on July 17, 1906, at 5 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) Dr A W M ColganDated July 22, 1906

(Attending physician, midwife, father, etc.)

Address Chelsea MichFiled July 23, 1906W H Hazelwood

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

County of Washtenaw

Township of Sylvan
or Village of Chelsea

City of

FULL NAME OF CHILD

Francis Peter Koll

Sex of child

Female

Twin,
triplet,
or other?

~

and

{ Number
in order
of birth}Legiti-
mate? Yes

Date of Birth

July 18, 1906

(Month)

(Day)

(Year)

{ If child is not yet named, make supplemental report, as directed.

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

RESIDENCE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Joseph Koll

Chelsea Mich

Caucasian

AGE AT LAST BIRTHDAY 45
(Years)

Germany

Carpenter

Number of child of this mother 1

Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on July 18, 1906, at 5 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

S G Bush

Dated

July 25 1906

(Attending physician, midwife, father, etc.)

Address

Chelsea Mich

Filed

July 25, 1906

W W Beetschurk X

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.

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.

PLACE OF BIRTH County of <u>Washtenaw</u>		STATE OF MICHIGAN Department of State--Division of Vital Statistics		
Township of <u>Sylvan</u> or Village of <u>Chelsea</u>		RECORD OF BIRTH		
City of _____		(No.)	St:	Ward)
FULL NAME OF CHILD <u>Harriet Catherine Eisenman</u>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Male</u>	Twin, triplet, or other? <u> </u>	{ Number and { Number in order of birth <u> </u>	Legiti-mate? <u>Yes</u>	Date of Birth <u>July 22, 1906</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Lewis Eisenman</u> RESIDENCE <u>Chelsea Mich</u>		MOTHER FULL MAIDEN NAME <u>Katherine Garrett</u> RESIDENCE <u>Chelsea</u>		
COLOR OR RACE <u>Caucasian</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR OR RACE <u>Caucasian</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	
BIRTHPLACE <u>Germany</u>	OCCUPATION <u>Bartender</u>	BIRTHPLACE <u>Michigan</u>	OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>6</u>		Number of children, of this mother, now living <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on July 22, 1906, at 80 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a supplemental report Aug 30 1906
W H Kesselchurtt

(Signature) S G Bush
Dated July 30 1906
Attending physician, midwife, father, etc.
Address Chelsea Mich
Filed July 30, 1906 W H Kesselchurtt
REGISTRAR.

PLACE OF BIRTH

County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 City of _____

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 121

(No.)

West Middle

St.; Ward)

FULL NAME
OF CHILDLeonard Dudley Witherell{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?1} and { Number
in order
of birth1Legiti-
mate?YesDate of
BirthJuly31

(Month) (Day) (Year)

FULL
NAME

FATHER

Herbert D Witherell

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY.....32
(Years)

BIRTHPLACE

Manchester Mich

OCCUPATION

Attorney At LawFULL
MAIDEN
NAME

MOTHER

Florence Herman

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY.....29
(Years)

BIRTHPLACE

Manchester Mich

OCCUPATION

HousewifeNumber of child of this mother.....1Number of children, of this mother, now living.....1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

July 31, 1906, at 9 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

H. H. SchmidtDated July 31, 1906

(Attending physician, midwife, father, etc.)

Address

Chelsea MichFiled Aug 3, 1906H. H. SchmidtGiven or christian name added from a
supplemental report Aug 30, 1906H. H. Schmidt

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.

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

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH
County of Washtenaw
Township of Sylvan
Village of Chelsea
City of _____

STATE OF MICHIGAN
Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 13

St. _____ Ward) _____

FULL NAME
OF CHILDMary Magdalena Eder{ If child is not yet named, make
supplemental report, as directed.Sex of
childFemaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate? YesDate of
BirthJuly 22, 1906
(Month) July (Day) 22 (Year) 1906FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Number of child of this mother

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on July 22, 1906, at 6 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) B. S. BrushDated Aug. 9, 1906

(Attending physician, midwife, father, etc.)

Address Chelsea Mich

Filed

Aug. 7, 1906 W.H. Beeschweidt

REGISTRAR.

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTHCounty of WashtenawTownship of SylvanVillage of ChelseaCity of Chelsea**STATE OF MICHIGAN**

Department of State—Division of Vital Statistics

RECORD OF BIRTHRegistered No. 15

15

St; _____ Ward) _____

**FULL NAME
OF CHILD**John Burton Lincoln

{ If child is not yet named, make supplemental report, as directed.

Sex of child	Twin, triplet, or other?	{ and }	Number in order of birth	Legiti- mate?	Date of Birth	Aug	27	1906
Male				Yes				

FATHERJohn Burton Lincoln**RESIDENCE**Chelsea Mich**COLOR
OR RACE**White**AGE AT LAST
BIRTHDAY**31
(Years)**BIRTHPLACE**New York State**OCCUPATION**Painter & DecoratorNumber of child of this mother Second**FULL
MAIDEN
NAME**Edith Bell White**RESIDENCE**Chelsea Mich**COLOR
OR RACE**White**AGE AT LAST
BIRTHDAY**30
(Years)**BIRTHPLACE**Michigan**OCCUPATION**HousewifeNumber of children, of this mother, now living 2**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***I hereby certify that I attended the birth of above child, and that it occurred on 27, 1906, at 3 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) Andrea FuldeDated Aug 30 1906

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 190Address Chelsea MichFiled Aug 31, 1906W.H. Reed's church

REGISTRAR

REGISTRAR

mailed Sept 1 1906

PLACE OF BIRTH

County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

STATE OF MICHIGAN
Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 16FULL NAME
OF CHILDJoseph Diamanto{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwins,
triplet,
or other?{ and } Number
in order
of birthLegiti-
mate?YesDate of
BirthAug 24, 1906
(Month) (Day) (Year)FULL
NAMEFatherFULL
MAIDEN
NAMEMother

RESIDENCE

Frank Diamanto

RESIDENCE

Marie ScaliseCOLOR
OR RACEItalianAGE AT LAST
BIRTHDAY38
(Years)COLOR
OR RACEItalianAGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Italy

BIRTHPLACE

Italy

OCCUPATION

Fruit Standkeeper

OCCUPATION

Housewife

Number of child of this mother.....

Number of children, of this mother, now living.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Aug 24, 1906, at 5 P.M.

{ * When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. See in-
structions on back.

(Signature)

Dated

Sept 5, 1906

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 190

Address

Chelsea Mich

Filed

Sept 5, 1906W.C. Beelachhardt

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.

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

MARGIN RESERVED FOR BINDING. BEGIN HERE.

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.

PLACE OF BIRTH STATE OF MICHIGAN
Windsor, Ontario, Canada to note 10—State of Michigan Department of State—Division of Vital Statistics

County of Winkler

STATE TO WHICH
RECORDED

RECORD OF BIRTH

Registered No. 17

Township of Chelsea

Village of Chelsea

City of Chelsea

FULL NAME OF CHILD

Sex of child

FULL NAME

RESIDENCE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of child of this mother

FATHER

Bottlieb Koch

RESIDENCE

Chelsea

AGE AT LAST BIRTHDAY

28 (Years)

BIRTHPLACE

OCCUPATION

Germany

Carpenter

(No.)

{ Number
in order
of birthLegiti-
mate?

Yes

Date of Birth

Sept 30, 1906

(Month)

(Day)

1906
(Year)

MOTHER

Bertha Hemrick

RESIDENCE

Chelsea

COLOR OR RACE

White

BIRTHPLACE

Chelsea Mich

OCCUPATION

Housewife

AGE AT LAST BIRTHDAY

19 (Years)

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Sep 30, 1906, at 6 A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) J. G. Bush

Dated Oct 5 1906

(Attending physician, midwife, father, etc.)

Given or christian name added from a supplemental report 190

REGISTRAR.

Address Chelsea

Filed Oct 6, 1906

REGISTRAR.

PLACE OF BIRTH

MICHIGAN STATE

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

Township of or Village of Chelsea

City of

(No.)

FULL NAME OF CHILD

John Fornier

Sex of child

Male

Twin,
triplet,
or other?

{

and
Number
in order
of birthLegiti-
mate?

Yes

Date of Birth

Oct 12, 1906

(Month)

(Day)

1906
(Year){ If child is not yet named, make
supplemental report, as directed.

FATHER

John Fornier

RESIDENCE

Chelsea Mich

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

30
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

Farmer

MOTHER

Lula Buehler

RESIDENCE

Chelsea Mich

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

24
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

Housewife

Number of child of this mother

21

Number of children, of this mother, now living

21

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Oct 12, 1906, at 8 A. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

B. J. Bush

Dated

Oct 18, 1906

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report

190

Address

Chelsea

Filed

Oct 18, 1906

W. H. Kirschbaum

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.

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

MARGIN RESERVED FOR EDITION.

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.

Form 20-10-05-2,000

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

PLACE OF BIRTH STATE OF MICHIGAN
County of Waukeenaw State of Michigan
Township of Sylvan REC'D TO REC'D BY
Village of Chelsea

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 19City of Chelsea No. 12
(City of _____)

St. _____ Ward) _____

FULL NAME
OF CHILDWilliam R. Freeman{ If child is not yet named, make
supplemental report, as directed.Sex of child male
(sex)Twin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?Date of
BirthNov
(Month)9
(Day)1906
(Year)

FATHER

Ralph Freeman

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Manchester Mich

OCCUPATION

Merchant

MOTHER

Myrtle May Shaw

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Lapeer Mich

OCCUPATION

Housewife

Number of child of this mother

1

Number of children, of this mother, now living

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Nov 9, 1906, at 9 A. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) S. G. BushDated Nov 10 1906(Attending physician, midwife, father, etc.) Chelsea Mich

Given or christian name added from a

supplemental report 190Address Dec 1st, 1906Filed Dec 1st, 1906

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN
Department of State--Division of Vital Statistics

County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

RECORD OF BIRTH

Registered No. 20FULL NAME
OF CHILDMargaret Helen Eider{ If child is not yet named, make
supplemental report, as directed.Sex of
childFemaleTwin,
triplet,
or other?and
Number
in order
of birthLegiti-
mate?Date of
BirthNov, 26, 1906

(Month)

(Day)

(Year)

FULL
NAME

FATHER

John Eider

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY39
(Years)

BIRTHPLACE

Germany

OCCUPATION

Mason

Number of child of this mother

8

Number of children, of this mother, now living

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Nov 26, 1906, at 2 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) S G BushDated Nov 29 1906

Given or christian name added from a

supplemental report Jany 1906C W Maroney

REGISTRAR.

Address

Chelsea MichFiled Dec 14, 1906W H Gesselschmidt

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.

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

MARGIN RESERVED FOR BINDING.

WHITE & LILIENTHAL FURNITURE CO. INC. 1906-1907

N. B.—In case of multiple birth, one child is to be registered, and the other or others should be registered under the name of the first child.

PLACE OF BIRTH
County of Washtenaw
Township of Chelsea
Village of Chelsea
City of Chelsea

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 31

FULL NAME Alta Marie Aichele
OF CHILD Female { Twin, triplet,
or other? } and { Number
in order
of birth } 1
Sex of child Female Legiti-
mate? Yes

If child is not yet named, make
supplemental report, as directed.

Date of Birth Dec 4, 1906
(Month) Dec, (Day) 4, (Year) 1906

FATHER	
Full Name <u>Fred P. Aichele</u>	
Residence <u>Chelsea Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Manchester Mich</u>	
OCCUPATION <u>Brazier on Brass</u>	

Number of child of this mother 4

MOTHER	
Full Maiden Name <u>Myrtle E Denman</u>	
Residence <u>Chelsea Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Chelsea Mich</u>	
OCCUPATION <u>Housewife</u>	

Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Dec 4, 1906, at 9 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a
supplemental report 190

(Signature) Dr A. McColganDated Dec 11, 1906

(Attending physician, midwife, father, etc.)

Address Chelsea MichFiled Dec 11, 1906W. B. Rosetschmidt

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

Washtenaw

County of

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Township of

Chelsea

or

Village of

or

City of

FULL NAME
OF CHILD

Katherine Elaine Corwin

Registered No. 22

St.; Ward)

{ If child is not yet named, make
supplemental report, as directed.Sex of
child

Female

Twin,
triplet,
or other?

and

Number
in order
of birth

1st

Legiti-
mate?Date of
BirthDec 5, 1906
(Month) (Day) (Year)

FATHER

William Corwin

MOTHER

Katherine E Goetz

RESIDENCE

Chelsea Mich

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY
(Years)

28

AGE AT LAST
BIRTHDAY
(Years)

26

BIRTHPLACE

Sharon Mich

BIRTHPLACE

Lima Mich

OCCUPATION

Liverymen

OCCUPATION

Housewife

Number of child of this mother

14

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Dec 5, 1906, at 6 P. M.

(Signature)

Dr S G Bush

Dated

Dec 12, 1906

(Attending physician, midwife, nurse, etc.)

Address

Chelsea Mich

Filed

Dec 12, 1906 W H Heselschmidt

Given or christian name added from a
supplemental report 190

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 UNFADEING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH

County of WashtenawTownship of Chelsea
or
Village of
or
City ofFULL NAME
OF CHILDSex of
childTwin,
triplet,
or other?

(No.)

and
Number
in order
of birth

4th

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 23

St; _____ Ward)

{ If child is not yet named, make
supplemental report, as directed.

FATHER

FULL
NAME

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY39
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother

4

MOTHER

FULL
MAIDEN
NAME

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

OCCUPATION

Number of children, of this mother, now living

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Dec 6, 1906, at 4 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Dated

Dec 12, 1906 (Attending physician, midwife, father, etc.)Given or christian name added from a
supplemental report 190

Address

Filed

Chelsea Mich Dec 12, 1906 W.H. Heed's church

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of NashawauTownship of Chelseaor Village of Chelseaor City of (No.)FULL NAME
OF CHILDAlice Katherine Schantz{ If child is not yet named, make
supplemental report, as directed.Sex of child Female Twin, triplet, or other? and Number in order of birth 5thLegiti-
mate?

Date of Birth

Dec 9, 1906
(Month) (Day) (Year)FATHER
FULL NAME Conrad SchantzMOTHER
FULL MAIDEN NAME Nellie GrantRESIDENCE Chelsea MichRESIDENCE ChelseaCOLOR OR RACE White AGE AT LAST BIRTHDAY 38
(Years)COLOR OR RACE WhiteAGE AT LAST BIRTHDAY 32
(Years)BIRTHPLACE ChelseaBIRTHPLACE ChelseaOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother FiveNumber of children, of this mother, now living Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a

supplemental report Feb 2 1907W.H. Keeselward(Signature) E. H. BushDated Dec 17 1906

(Attending physician, midwife, father, etc.)

Address Chelsea MichFiled Dec 17, 1906W.H. Keeselward

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.

MARGIN RESERVED FOR BINDING.

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

Form 220-10-05-2,000

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.

PLACE OF BIRTH STATE OF MICHIGAN
County of Washtenaw Department of State--Division of Vital Statistics

RECORD OF BIRTH

Township of Chelsea
or
Village of Chelsea
or
City of Chelsea

Registered No. 25

St. _____ Ward) _____

(No.)

FULL NAME
OF CHILDSex of child
FemaleTwin,
triplet,
or other?

and

Number
in order
of birth

First

{ If child is not yet named, make
supplemental report, as directed.

Date of Birth

Dec
(Month)14
(Day)1906
(Year)FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Number of child of this mother

AGE AT LAST
BIRTHDAY23
(Years)FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

AGE AT LAST
BIRTHDAY20
(Years)

Number of children, of this mother, now living

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Dec 14th, 1906, at 9 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

S. J. Bush

Dated Dec 28 1906

(Attending physician, midwife, father, etc.)

Address

Chelsea Mich

Filed

Dec 24, 1906

W. H. Schaeffer X

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

Washtenaw

STATE OF MICHIGAN
Department of State--Division of Vital Statistics

County of

Township of

or

Village of

or

City of

FULL NAME
OF CHILD

(No.)

St.; Ward)

Registered No. 36

Sex of child Male Twin, triplet, or other? and Number in order of birth Legiti- mate? Date of Birth Dec 15, 1906 (Month) (Day) (Year)

FATHER

Full Name Frank Barringer
Residence Chelsea Mich

Color or Race White AGE AT LAST BIRTHDAY 42 (Years)

Birthplace Jackson Mich

Occupation Merchant

MOTHER

Full Maiden Name Josephine Head
Residence Chelsea Mich

Color or Race White AGE AT LAST BIRTHDAY 36 (Years)

Birthplace Jackson Mich

Occupation Housewife

Number of child of this mother 2

Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Dec 15, 1906, at 8 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) Dr S. G. Bush

Dated Dec 24, 1906

(Attending physician, midwife, father, etc.)

Given or christian name added from a supplemental report 190

Address Chelsea Mich

Filed Dec 25, 1906

REGISTRAR.

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.

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

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.

PLACE OF BIRTH *Washburn*
 County of *Washburn*
 Township of *Sylvan*
 Village of *Sylvan*
 City of *Sylvan* (No.)
 FULL NAME OF CHILD *Grant Arthur Morlock.*

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. *27*

St. _____ Ward) _____

{ If child is not yet named, make supplemental report, as directed.

Sex of child <i>Male</i>	Twin, triplet, or other? <i></i>	and Number in order of birth <i>3rd</i>	Legitimate? <i></i>	Date of Birth <i>Dec 20, 1906</i>
				(Month) (Day) (Year)

FULL NAME <i>Michael Morlock</i>		FATHER
RESIDENCE <i>Chelsea Mich</i>		
COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>40</i>	(Years)
BIRTHPLACE <i>Chelsea</i>		
OCCUPATION <i>Farmer</i>		

Number of child of this mother *3*

FULL MAIDEN NAME <i>Mina Helmker</i>		MOTHER
RESIDENCE <i>Chelsea Mich</i>		
COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>32</i>	(Years)
BIRTHPLACE <i>W. Holl Mich</i>		
OCCUPATION <i>Housewife</i>		

Number of children, of this mother, now living *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Dec 20, 1906, at *10 P.M.*

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) *D G Bush*Dated *Dec 30, 1906*

(Attending physician, midwife, father, etc.)

Address *Chelsea Mich*Filed *Dec 30, 1906*

W. W. Kesselschmidt

Given or christian name added from a
supplemental report *Jany 1909**E. W. Marney*

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WashtenawTownship of Chelsea
or
Village of _____
or
City of _____FULL NAME
OF CHILD

(No.)

RECORD OF BIRTH

Registered No. 28

St. _____ Ward _____

{ If child is not yet named, make
supplemental report, as directed.Sex of child Male Twin, triplet, or other? { Number in order of birth 1stLegiti-
mate?Date of Birth December 24, 1906
(Month) (Day) (Year)

FATHER

FULL NAME Elmer WeinbergRESIDENCE Chelsea MichCOLOR OR RACE White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE Jackson MichOCCUPATION Machinist

MOTHER

FULL MAIDEN NAME Mary Bahr MillerRESIDENCE Chelsea MichCOLOR OR RACE White AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE Chelsea MichOCCUPATION HousewifeNumber of child of this mother oneNumber of children, of this mother, now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) S S BushDated Dec 30 1906

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report Feb 2 1907Address Chelsea MichFiled Dec 30, 1906 W H Kesselschmidt

REGISTRAR

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.

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

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH County of Washtenaw
 Township of _____
 or Village of Chelsea
 or City of _____
 (No.)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 29

St; _____ Ward) _____

FULL NAME
OF CHILDSex of
child

Male

Twin,
triplet,
or other?

and

{ Number
in order
of birth

Legiti-
mate?

Yes

Date of
Birth

Dec

, 29, 1906

(Month)

(Day)

(Year)

{ If child is not yet named, make
supplemental report, as directed.

FATHER

William J. Foor

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Adrian Mich

OCCUPATION

Stove Mounter

Number of child of this mother

2

MOTHER

Adena Stritter

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Lima Mich

OCCUPATION

Number of children, of this mother, now living

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of above child, and that it occurred on Dec 29, 1906, at 10:30 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) Andreas GehrdeDated Dec 31, 1906

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

Address

Chelsea Mich

Filed Jan 3rd, 1907

W.H. Kesselschmidt

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

Washington

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Township of

or

Village of

or

City of

(No.)

FULL NAME
OF CHILD*Lucile Broesamle*

Registered No.

/

St. _____ Ward)

{ If child is not yet named, make
supplemental report, as directed.Sex of
child

Female

Twin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?Date of
Birth*Jan 6, 1907*
(Month) (Day) (Year)FULL
NAME

FATHER

Fred Broesamle

RESIDENCE

*Chelsea*COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY.....30
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

Conductor Street Railway

Number of child of this mother

One

FULL
MAIDEN
NAME

MOTHER

Mary Alber

RESIDENCE

*Chelsea*COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY.....31
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

Housewife

Number of children, of this mother, now living

One

Number of children, of this mother, now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on *Jan 7, 1907*, at *8 a. M.*

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) *S. W. Bush*Dated *Jan 10, 1907*

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

Address *Chelsea*Filed *Jan 12, 1907*

REGISTRAR

Given or christian name added from a supplemental report *190*

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.

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

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 220-10-06-2,000

1900

PLACE OF BIRTH County of <u>Michigan</u>		STATE OF MICHIGAN Department of State--Division of Vital Statistics		
Township of <u>Sylvan</u> or Village of <u>Chelsea</u> or City of _____		RECORD OF BIRTH		
		Registered No. <u>2</u>		
Sex of child <u>Male</u>		Twin, triplet, or other? _____	Number in order of birth _____	St; _____ Ward) _____
FULL NAME OF CHILD <u>Roy Martin Koch</u>		{ If child is not yet named, make supplemental report, as directed.		
FATHER FULL NAME <u>Christian Koch</u>		Date of Birth <u>January 7, 1907</u>		
RESIDENCE <u>Chelsea Mich</u>		MOTHER FULL MAIDEN NAME <u>Bertha Seitz</u>		
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	RESIDENCE <u>Chelsea Mich</u>		
BIRTHPLACE <u>Chelsea Mich</u>	COLOR OR RACE <u>White</u>			AGE AT LAST BIRTHDAY <u>23</u> (Years)
OCCUPATION <u>Carpenter</u>	BIRTHPLACE <u>Chelsea Mich</u>			OCCUPATION <u>Housewife</u>
Number of child of this mother <u>One</u>		Number of children, of this mother, now living <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on January 7, 1907, at 99 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a
supplemental report 190(Signature) B. G. BushDated January 1907

(Attending physician, midwife, father, etc.)

Address Chelsea MichFiled Jan 12, 1907

W. G. Kreischner, D. R. REGISTRAR

REGISTRAR.

PLACE OF BIRTH

County of Washtenaw
 Township of Bryant
 or
 Village of Chelsea
 or
 City of _____

FULL NAME
OF CHILD

(No. _____)

Sex of
childMaleTwin,
triplet,
or other?

} and {

Number
in order
of birthLegiti-
mate?Date of
BirthJanu 20, 190 7

(Month)

(Day)

(Year)

{ If child is not yet named, make
supplemental report, as directed.FULL
NAME

FATHER

John Embury

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY..... 35
(Years)

BIRTHPLACE

Ontario Canada

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Mary Sedore

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY..... 33
(Years)

BIRTHPLACE

Essex Canada

OCCUPATION

Housewife

Number of child of this mother.....

Number of children, of this mother, now living.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. See in-
structions on back.

Given or christian name added from a
supplemental report July 25 1908C.W. Marney(Signature) S.S. BushDated Jan 27 1907

(Attending physician, midwife, father, etc.)

Address Chelsea MichFiled Jan 29, 1907 W.C. Woodward

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.

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

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 220-10-05-2,000
000-2-5-0-1-0-22 (Rev.)

PLACE OF BIRTH		STATE OF MICHIGAN		
County of Washington		Department of State—Division of Vital Statistics		
Township of Sylvan		RECORD OF BIRTH		
Village of Chelsea				
City of		(No.)	Registered No.	
St; Ward)				
FULL NAME OF CHILD		Mari Catherine Sager		
Sex of child Girl		Twin, triplet, or other?	{ Number and in order of birth	Legiti-mate?
Date of Birth Jan 23		(Month)	1907 (Day)	(Year)
FATHER		MOTHER		
FULL NAME Fred Dager		Mary Kappeler		
RESIDENCE Chelsea		Chelsea		
COLOR OR RACE White	AGE AT LAST BIRTHDAY 38	WHITE	AGE AT LAST BIRTHDAY 31	(Years) (Years)
BIRTHPLACE Germany	Sharon Mich			
OCCUPATION Farmer	Housewife			
Number of child of this mother 5	Number of children, of this mother, now living 5			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Jan 23, 1907, at 10: a. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a supplemental report Jan 31, 1907

C. H. Marney

(Signature) S. G. B. D. A. L.

Dated Jan 31, 1907

(Attending physician, midwife, father, etc.)

Address Chelsea Mich

Filed Jan 31, 1907

F. C. L. - 1

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

County of Washtenaw
 Township of Sylvan
 Village of Chelsea
 or
 City of _____

FULL NAME
OF CHILD

Martin Lee Grant

Registered No. 5

St. _____ Ward) _____

{ If child is not yet named, make
supplemental report, as directed.

Sex of
child

Twin,
triplet,
or other?

} and { Number
in order
of birth

2

Legiti-
mate?

Date of
Birth

January 3, 1907

(Month)

(Day)

(Year)

FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACE

AGE AT LAST
BIRTHDAY
(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACE

AGE AT LAST
BIRTHDAY
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother.....

Number of children, of this mother, now living.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on January 3, 1907, at 11:09 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a

supplemental report 190

(Signature)

Dated Feb 5 1907

(Attending physician, midwife, father, etc.)

Address

Chelsea Mich

Filed Feby 5 1907

W H Reselchmidt

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.

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH
 County of Washtenaw
 Township or Sylvan
 Village or Chelsea
 City of _____

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

RECORD OF BIRTH

6

Registered No. _____

St; _____ Ward) _____

FULL NAME
OF CHILDAris Marguerete Dorman{ If child is not yet named, make
supplemental report, as directed.Sex of
child

Female

Twin,
triplet,
or other?

}

and { Number
in order
of birthLegiti-
mate?Date of
BirthMarch 1st, 1907

(Month)

(Day)

(Year)

FULL
NAME

FATHER

William Dorman

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Delhi Mich

OCCUPATION

Machinist

Number of child of this mother

OneFULL
MAIDEN
NAME

MOTHER

Vinetta Dorman

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Cresco Iowa

OCCUPATION

Housewife

Number of children, of this mother, now living

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Mar 1st, 1907, at 8a M.

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

B. J. Bush

Dated

Mar 1st, 1907

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 190

Address

Chelsea

Filed

Apr 2, 1907 W. H. Beesel Schmid

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of Washtenaw
 Township of Zeigler
 or
 Village of Chelsea
 or
 City of _____

Registered No. 7FULL NAME
OF CHILD

(No.)

St.; _____ Ward)

Sex of
child FemaleTwin,
triplet,
or other?and } Number
in order
of birthLegiti-
mate?Date of
BirthMarch, April, 10, 1907
(Month) (Day) (Year)If child is not yet named, make
supplemental report, as directed.FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR
OR RACECOLOR
OR RACE

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of chd of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on March 10, 1907, at 4400 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Dated

Andros Guldle MD

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report July 25 1908

Address

Chelsea Mich

Filed

April 24, 1907 W.H. Beeselchurched

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.

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

Form 220-10-05-2-000

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.

PLACE OF BIRTH
 County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

STATE OF MICHIGAN
 Department of State--Division of Vital Statistics

RECORD OF BIRTH

8

Registered No. _____

St. _____ Ward) _____

FULL NAME
OF CHILDRuben Arthur Steinbach{ If child is not yet named, make
supplemental report, as directed.Sex of
child

Male

Twin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?Date of
BirthApril 12, 1907
(Month) (Day) (Year)FULL
NAME

FATHER

George SteinbachFULL
MAIDEN
NAME

MOTHER

Eva Mary Fahrner

RESIDENCE

Chelsea

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY41
(Years)AGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

Sharon Mich

BIRTHPLACE

Chelsea

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother

1

Number of children, of this mother, now living

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on April 12, 1907, at 9 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

S S BushDate Apr 30 1907

(Attending physician, midwife, father, etc.)

Address

Chelsea MichFiled May 3, 1907W H Roselcrantz

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

Washtenaw

Township of Sylvan

or Village of Chelsea

or City of _____

FULL NAME
OF CHILD

Helen Louise Lowery

Sex of child
FemaleTwin,
triplet,
or other?{ Number
in order
of birth
2Legiti-
mate?Date of Birth
April 16, 1907
(Month) (Day) (Year){ If child is not yet named, make
supplemental report, as directed.FULL
NAME**FATHER**

RESIDENCE

Chelsea Mich

COLOR
OR RACEWhite AGE AT LAST
BIRTHDAY **25**
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

Druggist

Number of child of this mother **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on **April 16, 1907**, at **10 P.M.**

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a

supplemental report **190**(Signature) **S. S. Bush**Dated **April 30, 1907**(Attending physician, midwife, father, etc.) **Chelsea Mich**Address **Chelsea Mich**Filed **April 30, 1907** **W. H. Kelschmidt****9**

Registered No. _____

St. _____ Ward _____

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.

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.

PLACE OF BIRTH
 County of Washtenaw
 Township of Sylvan
 Village of Chelsea
 City of _____

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 10

St; _____ Ward) _____

FULL NAME
OF CHILD

(No. _____)

{ If child is not yet named, make
supplemental report, as directed.Sex of
child MaleTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?Date of
BirthApril 25, 1907
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Number of child of this mother SixthFULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

AGE AT LAST
BIRTHDAY38
(Years)AGE AT LAST
BIRTHDAY30
(Years)Number of children, of this mother, now living Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Apr 25, 1907, at 8 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) E. T. ChaseDated Apr 30 1907

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report June 11 1907Address Chelsea MichW. H. KesselchmidtFiled May 5, 1907 W. H. Kesselchmidt

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

Registered No. 11FULL NAME
OF CHILDLawrence L. Schmidt{ If child is not yet named, make
supplemental report, as directed.

Sex of child	Twin, triplet, or other?	{ Number in order of birth
<u>Female</u>		

Legiti- mate?	Date of Birth
<u>Yes</u>	<u>April</u> , <u>29</u> , <u>1907</u>
	(Month) (Day) (Year)

FULL NAME	FATHER	
<u>Otwin H. Schmidt</u>		

MOTHER		
<u>Lita A. Ballow</u>		

RESIDENCE		
<u>Chelsea Mich</u>		

RESIDENCE		
<u>Chelsea Mich</u>		

COLOR OR RACE	AGE AT LAST BIRTHDAY	(Years)
<u>White</u>	<u>34</u>	

COLOR OR RACE	AGE AT LAST BIRTHDAY	(Years)
<u>White</u>	<u>24</u>	

BIRTHPLACE		
<u>Washtenaw Co</u>	<u>Freedom</u>	

BIRTHPLACE		
<u>Wayne Mich</u>		

OCCUPATION		
<u>Carpenter</u>		

OCCUPATION		
<u>Housewife</u>		

Number of child of this mother	<u>Third</u>
--------------------------------	--------------

Number of children, of this mother, now living	<u>Three</u>
------------------------------------------------	--------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Apr 29, 1907, at 1 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) Andreas GueldeDated Apr 30 1907 (Attending physician, midwife, father, etc.)Address Chelsea MichFiled April 30, 1907 W.H. Headenheadsupplemental report June 1 1907W.H. Headenhead

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.

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

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.

PLACE OF BIRTH
County of Washtenaw
Township of Sylvan
Village of Chelsea
City of _____

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH**12**

Registered No.

St. _____ Ward _____

FULL NAME
OF CHILDSex of
childTwin,
triplet,
or other?{ Number
in order
of birthLegiti-
mate?Date of
BirthApr 29, 1907
(Month) (Day) (Year){ If child is not yet named, make
supplemental report, as directed.FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Apr 29, 1907, at 3 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

H W Schmidt

Dated

May 3 1907

(Attending physician, midwife, father, etc.)

Address

Chelsea Mich

Filed

May 3, 1907

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

FULL NAME
OF CHILDStill BornSTATE OF MICHIGAN
Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No.

13

St.; _____ Ward)

{ If child is not yet named, make supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? _____	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 13</u>	(Month) <u>1907</u> (Day) (Year)
--------------------------	--------------------------------	--------------------------------	------------------------	------------------------------	----------------------------------

FULL NAME <u>Guy Oliver Kuhce</u>	MOTHER <u>Susie Gilbert</u>
-----------------------------------	-----------------------------

RESIDENCE <u>Chelsea</u>	MOTHER <u>Chelsea</u>
--------------------------	-----------------------

COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	MOTHER <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
----------------------------	----------------------------------------	---------------------	----------------------------------------

BIRTHPLACE <u>Athens Mich</u>	MOTHER <u>Chelsea</u>
-------------------------------	-----------------------

OCCUPATION <u>RR Laborer</u>	MOTHER <u>Housewife</u>
------------------------------	-------------------------

Number of child of this mother 2Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on June 13, 1907, at 70 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) E. H. ChaseDated June 21 1907 (Attending physician, midwife, father, etc.)Given or christian name added from a
supplemental report 190Address Chelsea 2nd StFiled June 30, 1907 W. C. Wesselschmidt

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.

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH County of Washtenaw Township of Sylvan Village of Chelsea City of		(No.)	STATE OF MICHIGAN Department of State--Division of Vital Statistics RECORD OF BIRTH	
			Registered No. 14	
			St:	Ward)
FULL NAME OF CHILD <i>Eugene Leonard Buehler</i>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child Female	Twin, triplet, or other? 	{ Number in order of birth	Legiti-mate?	Date of Birth June 15, 1907 (Month) (Day) (Year)
FULL NAME <i>Theodore Buehler</i>	FATHER		MOTHER <i>Margaret Foner</i>	
RESIDENCE <i>Chelsea</i>			RESIDENCE <i>Chelsea</i>	
COLOR OR RACE White	AGE AT LAST BIRTHDAY 31 (Years)	COLOR OR RACE White		AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE <i>Chelsea</i>			BIRTHPLACE <i>Chelsea</i>	
OCCUPATION Farmer			OCCUPATION Housewife	
Number of child of this mother 2		Number of children, of this mother, now living 12		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on June 15, 1907, at 10.9 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a supplemental report July 25, 1908

W. M. Morley

REGISTRAR.

(Signature)

Dated June 25, 1907

(Attending physician, midwife, father, etc.)

Address

Filed June 25, 1907

W. H. Keeselstrand

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

RECORD OF BIRTH

15

Registered No.

FULL NAME
OF CHILD

(No.)

St.; Ward)

{ If child is not yet named, make
supplemental report, as directed.Sex of
childTwin,
triplet,
or other?

and

Number
in order
of birthLegiti-
mate? YesDate of
BirthJune, 23, 1907
(Month) (Day) (Year)FULL
NAME

FATHER

Henry Fred Strieter

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 23
(Years)

BIRTHPLACE

Michigan

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Nina Dora Foor

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 19
(Years)

BIRTHPLACE

Michigan

OCCUPATION

Housewife

Number of child of this mother

First

Number of children, of this mother, now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Dated June 27, 1907

(Attending physician, midwife, father, etc.)

Address

Chelsea

Filed June 29, 1907

W. McWeselchard

REGISTRAR.

Given or christian name added from a
supplemental report July 25, 1908C. W. Maxwell

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.

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

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH
County of Washtenaw

Township of Sylvan
or
Village of Chelsea
or
City of _____

FULL NAME
OF CHILD

Sex of
child

Twin,
triplet,
or other?

and
{ Number
in order
of birth

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 16

St.; _____ Ward) _____

{ If child is not yet named, make
supplemental report, as directed.

FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Number of child of this mother

Two

Legiti-
mate?

Date of
BirthJune 26, 1907

(Month) (Day) (Year)

MOTHER

FULL
MAIDEN
NAME

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Number of children, of this mother, now living

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on June 26, 1907, at 8:9 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) C. F. ChaseDated June 30, 1907

(Attending physician, midwife, father, etc.)

Address ChelseaFiled June 3, 1907

McKeechane Church

REGISTRAR.

Given or christian name added from a
supplemental report July 25, 1908

C. W. Marney

REGISTRAR.

County Clerk 7/4/07

Mailed to Lansing July 4-07

PLACE OF BIRTH

County of WashtenawTownship of Sylvanor
Village of Chelsea

City of _____

(No.)

FULL NAME
OF CHILDGeorge William AtkinsonRegistered No. 17Sex of child MaleTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?Date of
BirthJuly 10, 1907
(Month) (Day) (Year)

FULL NAME

FATHER

William AtkinsonFULL
MAIDEN
NAME

MOTHER

Jennie Pattern

RESIDENCE

Chelsea

RESIDENCE

Chelsea

COLOR OR RACE

WhiteAGE AT LAST
BIRTHDAY.....
(Years)

COLOR OR RACE

WhiteAGE AT LAST
BIRTHDAY.....
(Years)

BIRTHPLACE

England

BIRTHPLACE

England

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on July 10, 1907, at 7 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) S. G. BushDated July 20, 1907

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

Address Chelsea MichFiled July 29, 1907 W. H. Kirschhardt

REGISTRAR.

Begin here and mail to County Clerk

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.

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.

PLACE OF BIRTH
 County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

STATE OF MICHIGAN
 Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 18

St; _____ Ward) _____

{ If child is not yet named, make supplemental report, as directed.

FULL NAME OF CHILD John Lieback

Sex of child <u>Male</u>	Twin, triplet, or other? _____	and { Number in order of birth _____	Legiti-mate? _____	Date of Birth <u>July 23</u> , 1907 (Month) (Day) (Year)
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FULL NAME <u>John Lieback</u>	FATHER			MOTHER <u>Nora Miller</u>
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RESIDENCE <u>Chelsea mich</u>				RESIDENCE <u>Chelsea</u>
-------------------------------	--	--	--	--------------------------

COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	AGE AT LAST BIRTHDAY <u>31</u> (Years)		
----------------------------	----------------------------------------	----------------------------------------	--	--

BIRTHPLACE <u>Chelsea mich</u>				BIRTHPLACE <u>Chelsea mich</u>
--------------------------------	--	--	--	--------------------------------

OCCUPATION <u>Carpenter</u>				OCCUPATION <u>Housewife</u>
-----------------------------	--	--	--	-----------------------------

Number of child of this mother <u>6</u>				Number of children, of this mother, now living <u>3</u>
-----------------------------------------	--	--	--	---------------------------------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on July 23, 1907, at 7 a.m.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) S G BushDated July 28 1907

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

Address ChelseaGiven or christian name added from a supplemental report 190Filed July 29, 1907 W H Kesselschmidt

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

County of WashtenawTownship of Chelseaor Village of Chelsea

or City of _____

(No. _____)

FULL NAME
OF CHILDPatrick James LinganeRegistered No. 20

St. _____ Ward _____

{ If child is not yet named, make
supplemental report, as directed.Sex of
child

Male

Twin,
triplet,
or other?

White

and
Number
in order
of birth

1

Legiti-
mate?Date of
BirthAug 21/91
(Month) 7
(Day)
(Year)FULL
NAME

FATHER

Patrick Lingane

RESIDENCE

ChelseaCOLOR
OR RACE

White

AGE AT LAST
BIRTHDAY
(Years)

26

BIRTHPLACE

Chelsea

OCCUPATION

Farmer

Number of child of this mother..... 1

Number of children, of this mother, now living.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on 21/91, 1907, at 8 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) S G BrushDated Aug 30 1907

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report..... 190

Address ChelseaFiled Aug 31, 1907 W H Keeschmidt

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH
County of Washtenaw
Township of Chelsea
Village of Chelsea
City of _____

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTHRegistered No. 19

St. _____ Ward) _____

FULL NAME
OF CHILDSex of
childFULL
NAME

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Alice Montey Lehman

Female

George A Lehman

Chelsea

White

Sharon Mich

Bank Clerk

FATHER

RESIDENCE

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Twin,
triplet,
or other
whiteNumber
in order
of birth

MOTHER

RESIDENCE

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Legiti-
mate?FULL
MAIDEN
NAMECOLOR
OR RACE

MOTHER

RESIDENCE

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Date of
Birth

Aug 5, 1907

(Month)

(Day)

(Year)

{ If child is not yet named, make
supplemental report, as directed.Number of child of this mother 1

Number of children, of this mother, now living _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Aug 5, 1907, at 20 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) S G Baker

Dated Aug 15, 1907

(Attending physician, midwife, father, etc.)

Address ChelseaGiven or christian name added from a
supplemental report 190

Filed Aug 31, 1907

W H Heelschuch

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

Washtenaw

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of

Township of

or Chelsea

Village of

or

City of _____

FULL NAME
OF CHILD

(No. _____ St.; _____ Ward)

James Vincent Doll

{ If child is not yet named, make
supplemental report, as directed.

Sex of child	Male	Twin, triplet, or other?	and	Number in order of birth	Legiti-mate?	Date of Birth	Aug 32	1907
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FULL NAME	FATHER	MOTHER
RESIDENCE	William Doll	Aura M. Beissel

COLOR OR RACE	White	AGE AT LAST BIRTHDAY	30
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BIRTHPLACE	Lyndon, Mich	AGE AT LAST BIRTHDAY	31
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OCCUPATION	Clark	BIRTHPLACE	Chelsea
OCCUPATION	Housewife	BIRTHPLACE	Chelsea

Number of child of this mother..... 1

Number of children, of this mother, now living.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of above child, and that it occurred on Aug 22, 1907, at 12 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a

(Signature) Geo W Palmer

Dated Aug 31 1907 (Attending physician, midwife, father, etc.)

supplemental report 190

Address Chelsea

Filed Aug 31 1907 W H Keel chmld

REGISTRAR.

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.

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

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH
Washtenaw
 County of _____
 Township of _____
 or _____
 Village of _____
 or _____
 City of _____ (No.)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. *22*

St. _____ Ward) _____

{ If child is not yet named, make supplemental report, as directed.

Sex of child <i>Female</i>	Twin, triplet, or other? <i></i>	{ Number in order of birth <i></i>
FATHER		
<i>See Mast</i>		
RESIDENCE <i>Chelsea Mich</i>		
COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)	
BIRTHPLACE <i>Chelsea Mich</i>		
OCCUPATION <i>Day Laborer</i>		

Legitimate? <i>Yes</i>	Date of Birth <i>Sep 1, 1907</i> (Month) (Day) (Year)
MOTHER	
<i>Francis J. Taylor</i>	
RESIDENCE <i>Chelsea Mich</i>	
COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>22</i> (Years)
BIRTHPLACE <i>Minona Minn</i>	
OCCUPATION <i>Housewife</i>	

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on *Sep 1, 1907*, at *119 M.*

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a supplemental report *190*(Signature) *E F Chase*Dated *Sep 3 1907*

(Attending physician, midwife, father, etc.)

Address *Chelsea Mich*Filed *Sep 3, 1907*

2196 Hudschaedel

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of PontiacTownship of Chelsea
or
Village of Chelsea
or
City of Chelsea

(No.)

Registered No. 23

St. _____ Ward _____

FULL NAME
OF CHILDWillis J. Camp{ If child is not yet named, make
supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? _____	and { Number in order of birth _____	Legitimate? _____	Date of Birth <u>Sep 15</u> (Month) _____, (Day) _____, (Year) <u>1907</u>
--------------------------	--------------------------------	--------------------------------------	-------------------	-------------------------------------------------------------------------------

FULL NAME	FATHER			MOTHER
<u>Geo. Edward Camp</u>				<u>Lena Goetz</u>

RESIDENCE	<u>Chelsea Mich</u>		
-----------	---------------------	--	--

COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)			
----------------------------	-------------------------------------------	--	--	--

BIRTHPLACE <u>Ali Ohio</u>			
----------------------------	--	--	--

OCCUPATION <u>Blacksmith</u>			
------------------------------	--	--	--

Number of child of this mother 1Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Sep 15, 1907, at 109 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) E F ChaseDated Sep 20 1907(Attending physician, midwife, father, etc.) W. W. H. ChurchGiven or christian name added from a
supplemental report 190Address Chelsea MichFiled Sep 20 1907 W. W. H. Church

REGISTRAR.

REGISTRAR.

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.

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH County of <u>Washtenaw</u>		STATE OF MICHIGAN Department of State—Division of Vital Statistics		
Township of <u>or</u> <u>Chelsea</u>		RECORD OF BIRTH		
Village of <u>or</u>		Registered No. <u>24</u>		
City of _____		(No.)	St.;	Ward)
FULL NAME OF CHILD <u>Robert Marion Dillon</u>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Male</u>	Twin, triplet, or other? <u></u>	{ Number in order of birth <u></u>	Legiti- mate? <u></u>	Date of Birth <u>Sep 17</u> , (Month) <u>1907</u> , (Day) <u>9</u> , (Year)
FATHER <u>Roy Dillon</u>		MOTHER <u>Ida Mast</u>		
RESIDENCE <u>Chelsea Mich</u>	RESIDENCE <u>Chelsea Mich</u>			
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)		
BIRTHPLACE <u>Milan Mich</u>	BIRTHPLACE <u>Chelsea Mich</u>			
OCCUPATION <u>Barber</u>	OCCUPATION <u>Housewife</u>			
Number of child of this mother <u>First</u>		Number of children, of this mother, now living _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
I hereby certify that I attended the birth of above child, and that it occurred on <u>Sep 17</u> , 1907, at <u>3A</u> M.				
<small>* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.</small>		(Signature) <u>S GT Bush</u>		
		Dated <u>Sep 17</u> , 1907		
Given or christian name added from a supplemental report <u>190</u>		(Attending physician, midwife, father, etc.) <u>W H Kesselschmidt</u>		
Address <u>Chelsea Mich</u>				
Filed <u>Sep 26</u> , 1907		REGISTRAR.		

PLACE OF BIRTH

County of WashtenawTownship of Wellesleyor
Village of Chelseaor
City of _____STATE OF MICHIGAN
Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 25FULL NAME
OF CHILDDoris Jenette Foster{ If child is not yet named, make
supplemental report, as directed.

Sex of child <u>Female</u>	Twin, triplet, or other? _____	and Number in order of birth <u>3rd</u>	Legiti-mate? _____	Date of Birth <u>Sep 26</u> (Month) <u>1907</u> (Day) <u>Year</u>
----------------------------	--------------------------------	-----------------------------------------	--------------------	-------------------------------------------------------------------------

FULL NAME	FATHER <u>Schuyler P Foster</u>			MOTHER <u>Ella Craig</u>
-----------	---------------------------------	--	--	--------------------------

RESIDENCE	<u>Chelsea Mich</u>			<u>Chelsea Mich</u>
-----------	---------------------	--	--	---------------------

COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	AGE AT LAST BIRTHDAY <u>27</u> (Years)		
----------------------------	-------------------------------------------	-------------------------------------------	--	--

BIRTHPLACE <u>Sylvania Mich</u>	<u>Grass Lake Mich</u>		
---------------------------------	------------------------	--	--

OCCUPATION <u>Mail Carrier</u>	<u>Housewife</u>		
--------------------------------	------------------	--	--

Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>3</u>
-----------------------------------------	---------------------------------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Sep 26, 1907, at 29 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) W W SchmidtDated Sep 30 1907

(Attending physician/midwife, father, etc.)

Address Chelsea MichFiled Sep 30 1907W W SchmidtGiven or christian name added from a
supplemental report 190

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.

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH		STATE OF MICHIGAN		
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics		
Township of <u>Chelsea</u> or Village of _____ or City of _____		RECORD OF BIRTH		
		Registered No. <u>26</u>		
(No.)		St; _____	Ward) _____	
FULL NAME OF CHILD <u>Helen Reginia Lambert</u>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Female</u>	Twin, triplet, or other? {	Number in order of birth {	Legitimate? <u>Yes</u>	Date of Birth <u>Sep 27, 1907</u>
FULL NAME <u>Charles Lambert</u>	FATHER		MOTHER <u>Fredericka Gause</u>	
RESIDENCE <u>Chelsea Mich</u>			RESIDENCE <u>Chelsea Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>49</u> (Years)	COLOR OR RACE <u>White</u>		AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Baden Germany</u>			BIRTHPLACE <u>Boesingen Germany</u>	
OCCUPATION <u>Day Labor</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>9</u>		Number of children, of this mother, now living <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Sep 27, 1907, at 7:30 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a
supplemental report 190

(Signature) E J Chase

Dated Sep 28, 1907

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

Address Chelsea Mich

Filed Sep 29, 1907

W.C. Hirschfeld REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

County of WashtenawTownship of Chelsea
or
Village of Chelsea

City of _____ (No. _____), St. _____ Ward _____

FULL NAME OF CHILD Musa Pierce Mackey

{ If child is not yet named, make supplemental report, as directed.

Sex of child <u>Female</u>	Twin, triplet, or other? <u>/</u>	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Nov 17</u>	(Month)	<u>1907</u>	(Day)	(Year)
-------------------------------	--------------------------------------	--------------------------------	--------------------------------	--------------------------------	---------	-------------	-------	--------

FULL NAME <u>Leroy Mackey</u>	FATHER			MOTHER <u>Kittie Pierce</u>			
----------------------------------	--------	--	--	--------------------------------	--	--	--

RESIDENCE <u>Chelsea</u>				RESIDENCE <u>Chelsea</u>			
-----------------------------	--	--	--	-----------------------------	--	--	--

COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u>	(Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u>	(Years)
-------------------------------	-----------------------------------	---------	-------------------------------	-----------------------------------	---------

BIRTHPLACE <u>Indiana</u>				BIRTHPLACE <u>Michigan</u>			
------------------------------	--	--	--	-------------------------------	--	--	--

OCCUPATION <u>Labors</u>				OCCUPATION <u>Housewife</u>			
-----------------------------	--	--	--	--------------------------------	--	--	--

Number of child of this mother 21Number of children, of this mother, now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Nov 17, 1907, at 79 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a

supplemental report 190(Signature) John WoodsDated Nov 27 1907 Physician(Attending physician, midwife, father, etc.)
Chelsea MichFiled Nov 27, 1907 W H Bullock

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.

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH

County of Washtenaw
TOWNSHIP OR STATE Michigan
VILLAGE OR CITY Chelsea
TOWNSHIP OR CITY OF BIRTH Chelsea

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 28

St. _____ Ward) _____

Township of _____
or _____
Village of _____
or _____
City of _____

(No.)

FULL NAME OF CHILD

Wilhelmina Christina Nicola

If child is not yet named, make supplemental report, as directed.

Sex of child
Female

Twin,
triplet,
or other?

} and { Number
in order
of birth

Legiti-
mate?

Date of Birth

Nov 19, 1907

(Month)

(Day)

(Year)

FULL NAME

FATHER

Albert Nicola

RESIDENCE

Chelsea Mich

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

(Years)
29

BIRTHPLACE

Chelsea Mich

OCCUPATION

Moulder

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR OR RACE

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother

3

Number of children, of this mother, now living

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Nov 19, 1907, at 8 A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Dated Nov 25, 1907

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report May 4, 1908

E. C. Maroney

Address

Filed Nov 28, 1907

W. H. Kelschmidt
REGISTRAR

REGISTRAR

PLACE OF BIRTH
County of Washtenaw

Township of or
Village of Chelsea
City of _____

FULL NAME
OF CHILD

Albert Miles Alexander

Registered No. 29

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

St. _____ Ward) _____

{ If child is not yet named, make
supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? _____	and { Number in order of birth _____	Legiti- mate? <u>Yes</u>	Date of Birth <u>Dec 5</u> (Month)	19 <u>07</u> (Year)
--------------------------	--------------------------------	--------------------------------------	-----------------------------	---------------------------------------	------------------------

FULL NAME <u>Miles Alexander</u>	FATHER			MOTHER <u>Pearl Quart</u>	
----------------------------------	--------	--	--	---------------------------	--

RESIDENCE <u>Chelsea</u>				RESIDENCE <u>Chelsea</u>	
--------------------------	--	--	--	--------------------------	--

COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR OR RACE <u>White</u>			AGE AT LAST BIRTHDAY <u>25</u> (Years)
----------------------------	-------------------------------------------	----------------------------	--	--	-------------------------------------------

BIRTHPLACE <u>Ann Arbor</u>				BIRTHPLACE <u>Northville Mich</u>	
-----------------------------	--	--	--	-----------------------------------	--

OCCUPATION <u>Day Labour</u>				OCCUPATION	
------------------------------	--	--	--	------------	--

Number of child of this mother One

Number of children, of this mother, now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Dec 5, 1907, at 2 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a

supplemental report 190

(Signature) E. F. Chase

Dated Dec 9 1907

(Attending physician, midwife, father, etc.)

Address Chelsea Mich

Filed Dec 10, 1907 H. H. Heubelius

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.

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.

PLACE OF BIRTH
County of WashtenawTownship of Chelsea
or
Village of Chelsea
or
City of _____FULL NAME
OF CHILD Donald Keux TaylorSex of
child MaleTwin,
triplet,
or other?{ Number
in order
of birth5thLegiti-
mate? YesDate of
Birth Dec

St; _____ Ward) _____

Registered No. 30{ If child is not yet named, make
supplemental report, as directed.12, 1907
(Month) (Day) (Year)FULL
NAME

FATHER

Albert Taylor

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY
(Years) 34

BIRTHPLACE

Chelsea Mich

OCCUPATION

Mail Carrier R.F.D.Number of child of this mother FiveFULL
MAIDEN
NAME

MOTHER

Hope Wallace

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY
(Years) 32

BIRTHPLACE

Lodi Mich

OCCUPATION

HousewifeNumber of children, of this mother, now living Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Dec 2, 1907, at 9 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) Geo W Palmer M.D.Dated Dec 11 1907

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report July 25 1908C. M. MarneyAddress Chelsea MichFiled Dec 30, 1907W H Kesselschwarz

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH
County of Washitaaw

STATE OF MICHIGAN
Department of State--Division of Vital Statistics

RECORD OF BIRTH

Township of _____
or
Village of Sylvan
or

Registered No. _____

**FULL NAME
OF CHILD.....**

(DPO)
Paul Everett Curtis

St.; _____ Ward)

Sex of child Male

Twin,
triplet,
or other?

FATHER

FATHER
Stephen Curtis

RESIDENCE

**COLOR
OR B&W**

AGE AT LAST
BIRTHDAY..... 30
(Years)

BIRTHPLACE

Wayne Mich

OCCUPATION

Number of child of this mother

Number of children, of this mother, now living....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on 8/11/19

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a
supplemental report..... 190

(Signature)

Dated Dec 23 1907

Address

Filed DEC 9 3, 190

(Attending physician, midwife, father, etc.),
Chelton Mich
W H Kesselschmidt

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

WRITE PLAINLY, WITH UNFADED INK—THIS IS A PREMIUM.

PLACE OF BIRTH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 321

Township of

or

Village of

or

City of

FULL NAME
OF CHILDSex of
childMaleTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?YesDate of
BirthDec

(Month)

St;

Ward)

{ If child is not yet named, make
supplemental report, as directed.FULL
NAMEErnest Ainsel Welch

FATHER

RESIDENCE

Chelsea Mich

MOTHER

FULL
MAIDEN
NAMEEva Drema KellingCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY35
(Years)AGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Manchester Mich

BIRTHPLACE

Tecumseh

OCCUPATION

Day Laborer

OCCUPATION

Housewife

Number of child of this mother

Eight

Number of children, of this mother, now living

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Dec 25, 1907, at 5 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) E. F. ChaseDated Dec 26 1907

(Attending physician, midwife, father, etc.)

Address Chelsea MichGiven or christian name added from a
supplemental report 190Filed Dec 30, 1907

W. H. Kreselchard

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.

PLACE OF BIRTH

Washtenaw

County of

Township of

Chelsea

or

Village of

or

City of

FULL NAME
OF CHILD

Ruth Brooks Sieber

Sex of
childTwin,
triplet,
or other?

Female

Sieber

and
Number
in order
of birthLegiti-
mate?

Yes

Date of
Birth

Jan

St.; Ward)

1

Registered No.

{ If child is not yet named, make
supplemental report, as directed.

FATHER

Howard Brooks

RESIDENCE

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY..... 31
(Years)

BIRTHPLACE

Chelsea

OCCUPATION

Mason

MOTHER

Etta Sieber

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY..... 31
(Years)

BIRTHPLACE

Lyndon

OCCUPATION

Housewife

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Jan 13, 1908, at 6 A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) S.W. Bush

Dated Jan 20 1908 (Attending physician, midwife, father, etc.)

Address Chelsea Mich

Given or christian name added from a
supplemental report Mar 4 1908

Filed Jan 22, 1908 W.H. Keeselkward 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.

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

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.

PLACE OF BIRTH

County of Washington

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Township of Chelsea

Registered No. 2

Village of Chelsea

City of (No.)

St. Ward)

FULL NAME OF CHILD

Sex of child

Female

Twin,
triplet,
or other?

Single

{ Number
in order
of birthLegiti-
mate?

W

Date of Birth

Jan

{ If child is not yet named, make
supplemental report, as directed.13, 1908
(Month) (Day) (Year)

FULL NAME

FATHER

Ernest Dancer

MOTHER

Effa Armstrong

RESIDENCE

Chelsea Mich

RESIDENCE

Chelsea Mich

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

31

(Years)

BIRTHPLACE

Lima Mich

BIRTHPLACE

Chelsea Mich

OCCUPATION

Merchant

OCCUPATION

Housewife

Number of child of this mother

2

Number of children, of this mother, now living

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Jan 13, 1908, at 10 A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

S. G. Bush

Dated

Jan 20 1908

(Attending physician, midwife, father, etc.)

Address

Chelsea Mich

Filed

Jan 20, 1908

H. C. Bascom

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

Township of

or

Village of Sylvan Chelsea

or

City of

(No.)

RECORD OF BIRTH

Registered No. 3FULL NAME
OF CHILDSex of
childTwin,
triplet,
or other
Singl } and { Number
in order
of birthLegiti-
mate?Date of
Birth Jan 18
(Month) 1908
(Day) 8
(Year){ If child is not yet named, make
supplemental report, as directed.FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY 25
(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY 23
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother firstNumber of children, of this mother, now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Jan 18, 1908, at 11 a.m.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a

(Signature) John F WoodsDated Jan 25 1908Address Chelsea Mich

(Attending physician, midwife, father, etc.)

supplemental report 190Filed Jan 27, 1908 W. C. Kesselschmidt

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.

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.

PLACE OF BIRTH
County of Washtenaw
Township of Chelsea
Village of or
City of (No.)

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 11

St; Ward)

FULL NAME OF CHILD

Elizabeth Elsie Schantz

{ If child is not yet named, make supplemental report, as directed.

Sex of child	Twin, triplet, or other?	{ Number in order of birth	Legitimate?	Date of Birth
Female		two		Feby 12, 1908

FATHER

Conrad Schantz

RESIDENCE

Chelsea Mich

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

32
(Years)

BIRTHPLACE

Lima Mich

OCCUPATION

Day Laborer

Number of child of this mother 8

Date of Birth

(Month) (Day) (Year)

MOTHER

Nellie Israut

RESIDENCE

Chelsea

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

26
(Years)

BIRTHPLACE

Jackson Mich

OCCUPATION

Housewife

Number of children, of this mother, now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Feby 12, 1908, at 10¹⁰A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) E.S. Chase

Dated Feby 21 1908

(Attending physician, midwife, father, etc.)

Address Chelsea Mich

Filed Feby 21, 1908

W.H. Kesselchmidt

REGISTRAR.

PLACE OF BIRTH

County of Washtenaw

Township of

or

Village of

or

City of

(No.)

STATE OF MICHIGAN
Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 5

FULL NAME
OF CHILD

Dene Irene Schantz

{ If child is not yet named, make
supplemental report, as directed.Sex of
child
FemaleTwin,
triplet,
etc., etc.} and { Number
in-order
of birthone
Legiti-
mate?Date of
BirthFeb 12th, 1908
(Month) (Day) (Year)FULL
NAME

FATHER

RESIDENCE

Conrad Schantz

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY... 32
(Years)

BIRTHPLACE

Lima Mich

OCCUPATION

Day Laborer

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

Kellie Grant

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY... 26
(Years)

BIRTHPLACE

Jackson Mich

OCCUPATION

Housewife

Number of child of this mother 8

Number of children, of this mother, now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Feb 17, 1908, at 10 a.m.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Dated Feb 21 1908

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 190

Address

Filed

Chelsea Mich

Feb 21, 1908 W. W. Houschmand

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.

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

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH		STATE OF MICHIGAN		
County of <i>Washtenaw</i>		Department of State—Division of Vital Statistics		
Township of <i>Chelsea</i>		RECORD OF BIRTH		
or Village of <i>Chelsea</i>		Registered No. <i>6</i>		
or City of <i>Chelsea</i> (No.)		St. _____ Ward) _____		
FULL NAME OF CHILD <i>John May. Dancer.</i>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <i>Female</i>	Twin, triplet, or other? _____	{ and Number in order of birth <i>2nd</i>	Legiti-mate? <i>Yes</i>	Date of Birth <i>Feby 14, 1908</i> (Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <i>Herman Dancer</i>			Caries Schenk	
RESIDENCE <i>Chelsea Mich</i>			Chelsea Mich	
COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)	White		AGE AT LAST BIRTHDAY <i>35</i> (Years)
BIRTHPLACE <i>Sylvania Mich</i>			Sylvania Mich	
OCCUPATION <i>Merchant</i>			Housewife	
Number of child of this mother <i>2</i>		Number of children, of this mother, now living <i>21</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on *Feby 14, 1908, at 8a.m.*

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) *J. W. Palmer*Dated *Feby 24, 1908*

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report *July 25, 1908*

W. Maroney

Address *Chelsea Mich*Filed *Feby 25, 1908*

W. H. Beulschwartz

REGISTRAR.

PLACE OF BIRTH

Washburn

STATE OF MICHIGAN
Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of

Township of

Chelsea

Village of

City of

FULL NAME
OF CHILDSex of
childTwin,
triplet,
or other?

Single

and
Number
in order
of birth

(No.)

St.; Ward)

Registered No.

7

{ If child is not yet named, make
supplemental report, as directed.FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Number of child of this mother

one

Legiti-
mate?

Yes

Date of
Birth

Feb 20, 1908

(Month)

(Day)

(Year)

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Lydia Kelm

Chelsea Mich

White

28

Sylvan Mich

Housewife

Number of children, of this mother, now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Feb 20, 1908, at 8 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) *B. J. Bush*

Dated Mar 1, 1908

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address *Chelsea Mich*

supplemental report 190

Filed Mar 1, 1908 *W.C. Heselquist*

REGISTRAR.

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.

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

MARGIN RESERVED FOR BINDING.

Moroney
1908

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.

PLACE OF BIRTH

County of Washtenaw,

Township of Chelsea.
or
Village of Chelsea.
or
City of _____

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 8FULL NAME
OF CHILDEarl Leon Todd.{ If child is not yet named, make
supplemental report, as directed.Sex of
child Male.Twin,
triplet,
or other?{ Number
in order
of birthLegiti-
mate? YesDate of
BirthMarch, 8, 1908
(Month) (Day) (Year)FULL
NAME

FATHER

Earl J. Todd.

RESIDENCE

Chelsea.COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 26
(Years)

BIRTHPLACE

Corunna Mich.

OCCUPATION

Metal Mounting.

Number of child of this mother

OneFULL
MAIDEN
NAME

MOTHER

Eva J. Hildebrandt.

RESIDENCE

Chelsea.COLOR
OR RACEWhite.AGE AT LAST
BIRTHDAY 22
(Years)

BIRTHPLACE

Howell Mich.

OCCUPATION

HousewifeOne.

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

March 8, 1908, at 12¹⁵/₉ M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) O. F. ChaserDated Mar 13 1908

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report 190Address Chelsea Mich.Filed Mar 13 1908C. V. Maroney
W. C. Heuschurdt

PLACE OF BIRTH

Washtenaw

County of

Township of

Chelsea,

or

Village of

or

City of

FULL NAME
OF CHILD

Leon Edwin Rogers

Sex of
child

Male

Twin,
triplet,
or other?} and { Number
in order
of birth

Second

Legiti-
mate?

Yes.

Date of
Birth

Mar. 6

(Month)

1908

(Day)

(Year)

FULL
NAME

FATHER

Dr. L. Rogers.

RESIDENCE

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY
(Years)

BIRTHPLACE

Stockbridge Mich.

OCCUPATION

Book-keeper

Number of child of this mother

2

FULL
MAIDEN
NAME

MOTHER

Florence Martin,

RESIDENCE

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY
(Years)

26

BIRTHPLACE

Reading Mich.

OCCUPATION

None.)

Number of children, of this mother, now living

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Mar. 6, 1908, at 3 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Geo. W. Palmer.

Dated

Mar. 8

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

Given or christian name added from a
supplemental report

May 1st 1908

Address

Chelsea, Mich.

Filed

Mar. 15th 1908

C. W. Maroney.

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.

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.

PLACE OF BIRTH

County of WashtenawTownship of Chesley
or
Village of Chesley
or

City of _____

FULL NAME
OF CHILD

(No.)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 10

St. _____ Ward) _____

{ If child is not yet named, make
supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? <u>Single</u>	and Number { in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Apr. 9th</u>	Month <u>Apr.</u>	Day <u>9</u>	Year <u>1908</u>
-----------------------------	-------------------------------------------	-----------------------------------	-----------------------------	----------------------------------	-------------------	--------------	------------------

FULL NAME <u>Jacob Eder.</u>	FATHER			FULL MAIDEN NAME <u>Mary Baker</u>	MOTHER		
---------------------------------	--------	--	--	---------------------------------------	--------	--	--

RESIDENCE <u>Pontiac</u>				RESIDENCE <u>Chesley</u>			
-----------------------------	--	--	--	-----------------------------	--	--	--

COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u>	(Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u>	(Years)
-------------------------------	-----------------------------------	---------	-------------------------------	-----------------------------------	---------

BIRTHPLACE <u>Germany</u>				BIRTHPLACE <u>Michigan</u>			
------------------------------	--	--	--	-------------------------------	--	--	--

OCCUPATION <u>None</u>				OCCUPATION <u>Fair</u>			
---------------------------	--	--	--	---------------------------	--	--	--

Number of child of this mother <u>Six</u>				Number of children, of this mother, now living <u>Four</u>			
----------------------------------------------	--	--	--	---------------------------------------------------------------	--	--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on 9 Apr 8, 1908, at 857 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a
supplemental report 190(Signature) J. H. WoodsDated Apr. 18 1908(Attending physician, midwife, father, etc.)* PhysicianAddress Chesley MichFiled Apr. 18th 1908

C. W. Marney

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of WashtenawTownship of Chelseaor Village of Chelsea

or City of _____

FULL NAME
OF CHILD

(No.)

St.; Ward)

Registered No. 11.Sex of child MaleTwin,
triplet,
or other? X} and { Number
in order
of birthLegiti-
mate? yesDate of Birth March 30, 1908
(Month) (Day) (Year){ If child is not yet named, make
supplemental report, as directed.FULL
NAME

FATHER

Errett E. Looe.

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 40
(Years)

BIRTHPLACE

Grenoak Mich

OCCUPATION

JanitorNumber of child of this mother 2

Number of children, of this mother, now living _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Mar 30, 1908, at 10 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

J. H. Bush.Dated Apr 15, 1908Physician

Address

Chelsea MichGiven or christian name added from a
supplemental report 190Filed Apr. 20, 1908C. W. Marney

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.

PLACE OF BIRTH

Washenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 12.

Township of

or

Village of

or

City of

FULL NAME
OF CHILD

(No.)

St. _____ Ward) _____

{ If child is not yet named, make
supplemental report, as directed.Sex of
child

Male

Twin,
triplet,
or other? ✓} and { Number
in order
of birthLegiti-
mate?

Yes

Date of
Birth

Apr.

21

, 1908
(Month) (Day) (Year)

FATHER

Full Name
Frederick Chase

RESIDENCE

Chelseaq

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY 24
(Years)

BIRTHPLACE

Agn N.Y.

OCCUPATION

Carpenter

Number of child of this mother one

MOTHER

Full Maiden Name
Amy Beatrice Long

RESIDENCE

Chelseaq

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY 22
(Years)

BIRTHPLACE

Chelseaq Mich

OCCUPATION

Housewife.

Number of children, of this mother, now living none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 21, 1908, at 3 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Dated Apr. 23, 1908

C. J. Chase

Physician

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

Given or christian name added from a

supplemental report 190

Address

Chelseaq Mich

Filed Apr. 23rd, 1908

C. W. Maroney

PLACE OF BIRTH
Washtenaw

County of

Township of

or

Village of

or

City of

FULL NAME
OF CHILD

Sex of
child

Male

Twin,
triplet,
or other? *

and { Number
in order
of birth

FULL
NAME

FATHER

RESIDENCE

Michael J. Howe

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY..... 42
(Years)

BIRTHPLACE

Sylvan

OCCUPATION

Carpenter

Number of child of this mother.....

Number of children, of this mother, now living.....

STATE OF MICHIGAN
Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. *13.*

St.; Ward)

Legiti-
mate?

Yes.

Date of
Birth

Apr. 22, 1908

(Month)

(Day)

(Year)

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

Mary Wade

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY..... 37
(Years)

BIRTHPLACE

Sharon

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on *Apr. 22, 1908*, at *6 P.M.*

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Dated *May 1, 1908*

(Attending physician, midwife, father, etc.)

Address

Chelsea

Filed *May 1st, 1908*

C. H. Marney.

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.

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.

PLACE OF BIRTH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Township of Chelsea
or Village of Chelsea
or City of

Registered No. 14

FULL NAME OF CHILD

Lucine Boesauke,

{ If child is not yet named, make supplemental report, as directed.

Sex of child

Male

Twin,
triplet,
or other?{ Number
in order
of birthLegiti-
mate

Yes.

Date of Birth

Apr. 21, 1908
(Month) (Day) (Year)

FULL NAME

FATHER

John H. Boesauke

RESIDENCE

Chelsea

COLOR OR RACE

White

AGE AT LAST BIRTHDAY 36
(Years)

BIRTHPLACE

Sylvan

OCCUPATION

Carpenter

Number of child of this mother 1

FULL MAIDEN NAME

Boesauke

MOTHER

Mac Youngs

RESIDENCE

Chelsea

COLOR OR RACE

White

AGE AT LAST BIRTHDAY 34
(Years)

BIRTHPLACE

Sylvan

OCCUPATION

Housewife

Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 21, 1908, at 4 P.M.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Dated Apr. 30, 1908

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report July 11, 1908

Address Chelsea

Filed May 1, 1908

C. W. Maroney

REGISTRAR

REGISTRAR

PLACE OF BIRTH

County of Washtenaw

Township of Chelsea

Village of Chelsea

City of

FULL NAME OF CHILD

Otto Wagner

Sex of child

Male

Twin,
triplet,
or other?and
Number
in order
of birth

4

FULL NAME

FATHER

Edward Wagner

RESIDENCE

Chelsea

COLOR OR RACE

White

AGE AT LAST
BIRTHDAY.....
(Years)

27

BIRTHPLACE

Middle Schlesien Germany

OCCUPATION

Theatre Manager

Number of child of this mother

two

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 15

St. _____ Ward) _____

{ If child is not yet named, make
supplemental report, as directed.Legiti-
mate?

Yes

Date of Birth

Apr., 15, 1908

(Month)

(Day)

(Year)

FULL MAIDEN NAME

MOTHER

Marthy Koch

RESIDENCE

Chelsea

COLOR OR RACE

White

AGE AT LAST
BIRTHDAY.....
(Years)

20

BIRTHPLACE

West Fahnen Germany

OCCUPATION

None.

Number of children, of this mother, now living two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Apr. 15, 1908, at 5 P.M.

(Signature)

Geo W. Palmer,

Dated

1908

Physician

(Attending physician, midwife, father, etc.)

Address

Chelsea

Filed

May 2nd, 1908

C. W. Maroney

Given or christian name added from a

supplemental report 190

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.

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

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH
County of Washtenaw
Township of or Village of Chelsea
City of _____

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 16.

St. _____ Ward) _____

FULL NAME
OF CHILDSex of child
FemaleTwin,
triplet,
or other? —{ Number
in order
of birthLegiti-
mate?Date of
BirthApr. 29, 1908
(Month) (Day) (Year){ If child is not yet named, make
supplemental report, as directed.FULL
NAME

FATHER

RESIDENCE

David Alber

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

White

AGE AT LAST
BIRTHDAY... 36
(Years)

Chelsea

Electrician

Number of child of this mother

one

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

Jennie Taylor

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY... 33
(Years)

BIRTHPLACE

Chelsea

OCCUPATION

None

Number of children, of this mother, now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Apr. 29, 1908, at 8 A.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Dated Apr. 30, 1908

Geo W. Palmer

Physician

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report July 11, 1908

C. H. Maroney

Address

Filed

Chelsea

May 2nd, 1908

C. H. Maroney

REGISTRAR.

REGISTRAR.

STATE OF MICHIGAN

PLACE OF BIRTH
County of Nashville

RECORD OF BIRTH

PLACE OF BIRTH
Department of State--Division of Vital Statistics

Township of Chelsea
or
Village of Chelsea
or
(City of Chelsea)

Record No. 17
of Allison
St. in Chelsea

FULL NAME OF CHILD Ming Arlene Evans
(If child is not yet named, make supplemental report, as directed.)

Sex of Child <u>Female</u>	Twin, triplet, or other? <u>None</u>	Date of Birth <u>June 3, 1908</u>	Number in order of birth <u>1</u>	Father's Maiden Name <u>Grace Swarthout</u>
FULL NAME <u>Roy Evans</u>		RESIDENCE <u>Chelsea</u>		MOTHER <u>Grace Swarthout</u>
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u>	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u>	RESIDENCE <u>Chelsea</u>
BIRTHPLACE <u>Chelsea</u>	BIRTHPLACE <u>Chelsea</u>	BIRTHPLACE <u>Chelsea</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that the date of birth was June 3, 1908, and the name of the child Ming Arlene Evans.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a supplemental report 190

Address Chelsea
Filed June 3, 1908 C. H. Marney
REGISTRAR

No. B-1. In cases where there are more than 999 entries, enter the number of each record in the space provided for each entry, and enter the number of each record in the space provided for each record.

PLACE OF BIRTH

County of Nashawau

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Township of Chelsea
or
Village of Chelsea
or
City of _____Registered No. 18FULL NAME
OF CHILD

(No.)

Sex of child MaleTwin,
triplet,
or other?and { Number
in order
of birth}Legiti-
mate? YesDate of Birth June 5(Month) June, (Day) 8, (Year) 1908{ If child is not yet named, make
supplemental report, as directed.FULL
NAME

FATHER

Mellay Wheeler

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 29
(Years)

BIRTHPLACE

Dexter

OCCUPATION

BlacksmithFULL
MAIDEN
NAME

MOTHER

Amy Foster

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 28
(Years)

BIRTHPLACE

Chelsea

OCCUPATION

HousewifeNumber of child of this mother ✓Number of children, of this mother, now living ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on June 5, 1908, at 59 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) SkidishDated June 13 1908Address Chelsea

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

Filed June 13 1908

C. W. Marney

Given or christian name added from a
supplemental report July 11 1908REGISTRAR C. W. Marney

REGISTRAR

PLACE OF BIRTH

STATE OF MICHIGAN

PLACE OF BIRTH

County of

Nashawauk

RECORD OF STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Township of

Cantonment

Village of

Chelsea

(Block)

City of

Chelsea

(Block)

FULL NAME

OF CHILD

(No.)

Sex of child

Male

Twin,
triplet,
or other?

No. 18

Number
in order
of birthLast
name

FATHER

Harry Brown

MOTHER

Mary Agnes Brown

RESIDENCE

Chelsea

RESIDENCE

Chelsea

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

30
(Years)

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

38
(Years)

BIRTHPLACE

Master Twp

BIRTHPLACE

Dexter

OCCUPATION

Engineer

OCCUPATION

Housewife

Number of child of this mother

Number of children of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on June 21, 1908, at 8 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a

supplemental report 190

(Signature)

Dated June 21, 1908

Address

Chelsea

Filed June 27, 1908

(Attending physician, midwife, father, etc.)

C. H. Marney

REGISTRAR

REGISTRAR

IN B.—In case of more than one child, list each birth in a SEPARATE RETURN must be made, for each child, the number of each.

In order of birth, listed.

WRITE PLAINLY WITH UNREADING INK—THIS IS A PERMANENT RECORD.

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.

PLACE OF BIRTH

County of Muskegon

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

20

Township of

or

Village of

or

City of

FULL NAME
OF CHILD

(No.)

Sex of
childTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?Date of
BirthJune 22, 1908
(Month) (Day) (Year){ If child is not yet named, make
supplemental report, as directed.FULL
NAME

FATHER

RESIDENCE

Charles Flaten

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY..... 35
(Years)

BIRTHPLACE

Norway

OCCUPATION

Store Manager

Number of child of this mother

Five

MOTHER

FULL
MAIDEN
NAME

Amy Maudy Freilly

RESIDENCE

Chelsea

BIRTHPLACE

Chelsea

COLOR
OR RACE

Mich

AGE AT LAST
BIRTHDAY..... 28
(Years)

BIRTHPLACE

Detroit

OCCUPATION

Housewife

Number of children, of this mother, now living

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

June 27, 1908, at 11:45 M.

(Signature)

E. G. Chaff

Dated June 26, 1908

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

Address

Physician
Chelsea Mich

Filed June 27, 1908

C. W. Maroney

Given or christian name added from a
supplemental report 190

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

Melleman

STATE OF MICHIGAN

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

COUNTY OF
Kalkaska
RECORD OF BIRTHTOWNSHIP OF
orVILLAGE OF
OrCITY OF
OrFULL NAME
OF CHILD

Marion Myrtle Page.

SEX OF
CHILDTwin,
triplet,
or other?{ Number
and { order
of birthLEGIT-
IMATE? DATE OF
BIRTHJuly 3, 1908
(Month) (Day) (Year)FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

Orthaniel Allen Page

RESIDENCE

Lydia Rickett

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY... 34
(Years)

BIRTHPLACE

Chesley Mich

OCCUPATION

Section Hand R.R.

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY... 25
(Years)

BIRTHPLACE

Sylvan Tp. Mich

OCCUPATION

Housewife

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on July 3, 1908, at 8 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

E. F. Chase

Dated July 11, 1908

Physician

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 190

Address

Chesley Mich

Filed July 11th, 1908

C. H. Murray

REGISTRAR.

REGISTRAR.

W. D.—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.
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.

PLACE OF BIRTH

County of Washtenaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Township of Chelsea
or
Village of Chelsea
or
City of _____Registered No. 22

St.; _____ Ward)

FULL NAME
OF CHILDLawrence Martin Wackenlut{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?YesDate of
BirthJuly

(Month)

11

(Day)

1908

(Year)

FULL
NAME

FATHER

Martin WackenlutFULL
MAIDEN
NAME

MOTHER

Mary Meyer

RESIDENCE

Chelsea Mich

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 49
(Years)AGE AT LAST
BIRTHDAY 36
(Years)

BIRTHPLACE

Sylvania Mich

BIRTHPLACE

Freedom Twp. Mich

OCCUPATION

Farmer

OCCUPATION

None.Number of child of this mother 4Number of children, of this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

July 11, 1908, at 9 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

G. W. PalmerDated July 16, 1908Physician

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

Address

Chelsea Mich

Given or christian name added from a

supplemental report 190

Filed

July 17, 1908C. W. Marney

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH
County of Washtenaw
RECORD OF BIRTH

STATE OF MICHIGAN
Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 23

Township of Chelsea
or
Village of Chelsea
(City or Village)
City of _____

(No.)

FULL NAME
OF CHILD

Virginia Eastman

IF child is not yet named, make
supplemental report, as directed

Sex of child <u>Female</u>	Twin, triplet, or other? <u>single</u>	and Number in order of birth <u>1</u>
----------------------------	----------------------------------------	---------------------------------------

FULL NAME FATHER Hesseltine Eastman

RESIDENCE Detroit

COLOR OR RACE White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Capay Mich

OCCUPATION Insurance Solicitor

Number of child of this mother 1

Legitimate? Yes Date of Birth July 10 (Month) 1908 (Year)

MOTHER Elizabeth C. McRae

RESIDENCE Chelsea

COLOR OR RACE White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Vernonville Canada

OCCUPATION Housewife

Number of children of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

July 10, 1908 at 11 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a
supplemental report 190

(Signature)

Dated July 18, 1908

Address

Filed July 20, 1908

(Attending physician, midwife, father, etc.)

Physician

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.

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

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.

PLACE OF BIRTH

County of NashawauTownship of Chelsea
or
Village of Chelsea

City of _____ (No.)

FULL NAME OF CHILD Hilah Marie Paine

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 24

St; _____ Ward)

{ If child is not yet named, make supplemental report, as directed.

Sex of child <u>Female</u>	Twin, triplet, or other? <u>singl</u>	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 13, 1908</u>
FULL NAME <u>Ellery Paine</u>	FATHER			MOTHER <u>Eliza Curtis</u>
RESIDENCE <u>Chelsea</u>				RESIDENCE <u>Chelsea</u>
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	BIRTHPLACE <u>Jewell Mich</u>		
BIRTHPLACE <u>Chelsea</u>				OCCUPATION <u>Housewife</u>
OCCUPATION <u>Electrician</u>				Number of children, of this mother, now living <u>4</u>
Number of child of this mother <u>4</u>	Number of children, of this mother, now living <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on July 13, 1908, at 5 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a

supplemental report 190(Signature) K. B. BushDated July 18, 1908 Physician

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

Address Chelsea MichFiled July 20, 1908 C. W. Maroney

PLACE OF BIRTH

STATE OF MICHIGAN

County of Washtenaw

STATE OF MICHIGAN
Department of State--Division of Vital Statistics

Township of Chelsea

or

Village of Chelsea

(Date or)

City of

FULL NAME
OF CHILD

(No.)

Sex of child

Twin,
triplet,
or other?{ Number
in order
of birth}Legiti-
mate?

Date of Birth

If child is not yet named, make
supplemental report, as directed,

July 22, 1908

(Month)

(Day)

(Year)

FATHER

Adolph Arthur Abel

RESIDENCE

Chelsea

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

26

(Years)

BIRTHPLACE

Sharon Twp. Mich

OCCUPATION

Woman in Sew Works

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

July 22, 1908, at 2:40 P.M.

(Signature)

E. F. Chase

Dated July 22, 1908

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

Address

Chelsea Mich

Filed July 24, 1908

C. W. Maroney

Given or christian name added from a

supplemental report 190

REGISTRAR.

supplemental report 190

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.

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.

PLACE OF BIRTH

County of Houghton

Township of

or

Village of

or

City of

(No.)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 26

St. _____ Ward _____

FULL NAME
OF CHILDGretchen Dale Speer.{ If child is not yet named, make
supplemental report, as directed.Sex of
child FemaleTwin,
triplet,
or other?} and { Number
in order
of birth

1st

Legiti-
mate?
yesDate of
Birth Aug
(Month)5
(Day)1908
(Year)FULL
NAME

FATHER

George A Speer.

RESIDENCE

DetroitCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY23
(Years)FULL
MAIDEN
NAME

MOTHER

Edua Welch.

RESIDENCE

Detroit

BIRTHPLACE

Monroe Mich.

OCCUPATION

MachinistCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Grand Rapids

OCCUPATION

NoneNumber of child of this mother 1stNumber of children, of this mother, now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Aug 5, 1908, at 1 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) L.W. Palmer.Dated Aug 7 1908Physician
(Attending physician, midwife, father, etc.*)Address Chelsea MichFiled Aug 8, 1908C.W. Maroney
REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of HastingsTownship of Sylvanor Village of Chelsea

or City of _____

(No. _____)

FULL NAME
OF CHILDFrederick Covert Embury

St.; _____ Ward)

Registered No. 27

{ If child is not yet named, make supplemental report, as directed.

Sex of child MaleTwin,
triplet,
or other?

and

Number
in order
of birthLegiti-
mate?yes

Date of Birth

Aug 6th 1908

(Month)

(Day)

(Year)

FULL NAME
FATHERAllen Wesley Embury

RESIDENCE

Chelsea Mich

COLOR OR RACE

WhiteAGE AT LAST BIRTHDAY 40
(Years)

BIRTHPLACE

Hastings Ont. Can.

OCCUPATION

Day LaborerNumber of child of this mother 5FULL NAME
MOTHERJannie Covert

RESIDENCE

Chelsea Mich.

COLOR OR RACE

WhiteAGE AT LAST BIRTHDAY 41
(Years)

BIRTHPLACE

Ling Top. Mich

OCCUPATION

HousewifeNumber of children, of this mother, now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Aug 6, 1908, at 8 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Dated

Aug 8th 1908

Address

Chelsea Mich

(Attending physician, midwife, father, etc.)

Filed

Aug 8th, 1908C.W. MarneyGiven or christian name added from a
supplemental report 190

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.

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.

PLACE OF BIRTH
County of Washtenaw
Township of Sylvan
Village of Chelsea
City of _____

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 28

St.; _____ Ward) _____

FULL NAME
OF CHILDMary Agnes Maloney.{ If child is not yet named, make
supplemental report, as directed.Sex of
child Female{ Twin,
triplet,
or other?{ Number
in order
of birth{ Legiti-
mate?
yesDate of
BirthAug101908

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Timothy Maloney.

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY.....52
(Years)

BIRTHPLACE

Sexton Twp Mich

OCCUPATION

DaylaborerNumber of child of this mother OneFULL
MAIDEN
NAME

MOTHER

Barbara Helen Meyers

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY.....35
(Years)

BIRTHPLACE

Lyndon Twp Mich

OCCUPATION

HousewifeOne

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Aug 10, 1908, at 10 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

O. J. Chase

Dated

Aug 11 1908

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

Given or christian name added from a

supplemental report 190

REGISTRAR.

Address

Chelsea Mich.

Filed

Aug 12 1908C. W. Marney

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN
Department of State--Division of Vital StatisticsCounty of WashtenawTownship of Chelsea
or
Village of Chelsea
or
City of FULL NAME
OF CHILDSex of
child MaleTwin,
triplet,
or other? sing)and {
Number
in order
of birth

FATHER

Fred Fuller,

RESIDENCE

Chelsea MCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 34
(Years)

BIRTHPLACE

Manchester M

OCCUPATION

MoulderNumber of child of this mother 4

RECORD OF BIRTH

Registered No. 29.St. Ward { If child is not yet named, make
supplemental report, as directed.Legiti-
mate? YesDate of
Birth Aug 15 8
(Month) 190
(Day) 15
(Year)

MOTHER

Laura Dachman

RESIDENCE

Chelsea MCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 34
(Years)

BIRTHPLACE

Waterloo M

OCCUPATION

HousewifeNumber of children, of this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Aug 15 8, 190119 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Dated Aug 23 8S. G. Bush

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report Jany 1909C. W. Maroney

Address

Chelsea M.Filed Aug 24 8C. W. Maroney

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.

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.

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

PLACE OF BIRTH <i>Hastings</i>		STATE OF MICHIGAN Department of State—Division of Vital Statistics		
County of <i>Sylvan</i>		<u>RECORD OF BIRTH</u>		
Township of <i>Sylvan</i> or Village of <i>Chelseay</i>		Registered No. <i>30</i>		
City of _____ (No.)		St. _____ Ward _____		
FULL NAME OF CHILD <i>John Ross Barnes</i>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <i>Male</i>	Twin, triplet, or other? _____	and { Number of birth _____	Legiti-mate? <i>Yes.</i>	Date of Birth <i>Sept. 6, 1908</i> (Month) <i>September</i> (Day) <i>6</i> (Year) <i>1908</i>
FATHER <i>Wm. Adelbert Barnes</i>		MOTHER <i>Elizabeth Ross.</i>		
RESIDENCE <i>Chelseay Mich</i>	RESIDENCE <i>Chelseay</i>			
COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>21</i> (Years)	COLOR OR RACE <i>White</i> AGE AT LAST BIRTHDAY <i>23</i> (Years)		
BIRTHPLACE <i>Emporia Kansas</i>	BIRTHPLACE <i>Sylvan Mich</i>			
OCCUPATION <i>Cook</i>	OCCUPATION <i>Housewife</i>			
Number of child of this mother <i>Two</i>		Number of children, of this mother, now living <i>One</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on *Sept 6th, 1908*, at *10:57* M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a
supplemental report *190*

(Signature) *E. T. Chase.*Dated *Sept 7th 1908*

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

Address *Chelseay Mich.*Filed *Sept 7th, 1908*

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

County of *Washtenaw*Township of *Silver*or Village of *Chelsea*

or City of _____

FULL NAME
OF CHILDSex of child *Male*Twin,
triplet,
or other?and
Number
in order
of birthLegiti-
mate?
*Yes*Date of
Birth*Sept 3rd 1908*
(Month) (Day) (Year)Registered No. *31*

St.; _____ Ward)

FATHER

FATHER

RESIDENCE

Fred H Clark.

COLOR OR RACE

*White*AGE AT LAST
BIRTHDAY *39*
(Years)

BIRTHPLACE

Manchester Mich

OCCUPATION

Factory Laborer

MOTHER

MOTHER

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a

supplemental report *190*(Signature) *J. Bush*Date *Sept 17 1908*Address *Chelsea Mich*Filed *Sept 17 1908*(Attending physician, midwife, father, etc.) *C. H. Macomber*

REGISTRAR.

REGISTRAR.

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.

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.

PLACE OF BIRTH

County of Washtenaw
Township of Sylvan
or
Village of Chelsea
or
City of _____

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 32FULL NAME
OF CHILDSex of
childFULL
NAME

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Twin,
triplet,
or other?Number
and
in order
of birthLegiti-
mate?
YesDate of
BirthSept. 21, 1908

(Month)

(Day)

(Year)

{ If child is not yet named, make
supplemental report, as directed.

FATHER

John Thomas Lyon

MOTHER

Hannah Magdalene Berg

RESIDENCE

Chelsea MChelseaAGE AT LAST
BIRTHDAY29 (Years)AGE AT LAST
BIRTHDAY25 (Years)AGE AT LAST
BIRTHDAY29 (Years)AGE AT LAST
BIRTHDAY25 (Years)

BIRTHPLACE

OCCUPATION

BIRTHPLACE

OCCUPATION

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Sept. 21, 1908, at 11:57 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) C. F. ChaseDated Sept. 21, 1908(Attending physician, midwife, father, etc.) Physician

Given or christian name added from a

supplemental report 190Address Chelsea MichFiled Sept. 26, 1908

REGISTRAR.

REGISTRAR.

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

PLACE OF BIRTH

County of Washtenaw

Township of

or

Village of

or

City of

FULL NAME
OF CHILDSex of
childTwin,
triplet,
or other?

(No.)

and
Number
in order
of birthLegiti-
mate?Date of
BirthRegistered No. 33St.; Ward{ If child is not yet named, make
supplemental report, as directed.

FATHER

Thomas J. Dowd

RESIDENCE

ChelseayCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 33
(Years)

BIRTHPLACE

Waterloo Mich

OCCUPATION

Labored.

Number of child of this mother

Number of children, of this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Oct 20 1908, at 129 M.

(Signature)

Leo W. PalmerDated Oct 27 1908

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

* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. See in-
structions on back.

Given or christian name added from a

supplemental report 190

Address

Chelseay MichFiled Nov 6 1908L. J. Mooney

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.

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

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.

PLACE OF BIRTH

County of Washtenaw

Township of Chelseay
or Village of Chelseay
or City of Chelseay (No.)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 34

FULL NAME
OF CHILD

Sex of child Male

Twin,
triplet,
or other?} and Number
in order
of birthLegiti-
mate? Yes

Date of Birth

Nov. 11
(Month){ If child is not yet named, make
supplemental report, as directed1908
(Day)
(Year)FULL
NAME

FATHER

William Henry Ryan

RESIDENCE

Chelseay Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY... 44
(Years)

BIRTHPLACE

Washtenaw & Mich

OCCUPATION

Laborer

Number of child of this mother Seven

FULL
MAIDEN
NAME

MOTHER

Elizabeth Stoyor

RESIDENCE

Chelseay Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY... 39
(Years)

BIRTHPLACE

Chatane Caunady

OCCUPATION

Seven

Number of children, of this mother, now living Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Nov. 11, 1908, at 3:50 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature)

Audrey Gilder MD

Dated Nov. 11, 1908

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

Given or christian name added from a

supplemental report Dec 3, 1908

Physician

Address

Chelseay Mich

Filed Nov. 13, 1908

J. Maroney

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of WashtenawTownship of Celsea
or
Village of Celsea
or
City of FULL NAME
OF CHILD

(No.)

St.; _____ Ward)

Registered No. 35Sex of
childTwin,
triplet,
or other?{ Number
in order
of birthlegiti-
mate?Date of
Birth{ If child is not yet named, make
supplemental report, as directed{ (Month) Sept, (Day) 11, (Year) 1908FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY.....
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother

twoFULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY.....
(Years)

BIRTHPLACE

OCCUPATION

Number of children, of this mother, now living

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

Given or christian name added from a

supplemental report January 1909C.W. Maroney

(Signature)

Dated

Sept 14 1908Geo W. Palmer. M.D.

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

Address

Filed

Sept 16th 1908Celsea Mich.C.W. Maroney

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.

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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.

PLACE OF BIRTH

County of Washtenaw
Michigan
State

Township of Chelsea
or
Village of _____
or
City of _____

FULL NAME
OF CHILD

Gail Lucille Wilcox

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 36

St.; _____ Ward)

If child is not yet named, make supplemental report, as directed.

Sex of child <u>Female</u>	Twin, triplet, or other? <u>No</u>	and Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Sep 17, 1908</u>
FATHER		MOTHER		
FULL NAME <u>Charles Eugene Wilcox</u>	RESIDENCE <u>Chelsea Mich</u>	MILITARY SERVICE	FULL MAIDEN NAME <u>Mary Ellen Roy</u>	RESIDENCE <u>Chelsea Mich</u>
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)		COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Lansing Mich</u>	OCCUPATION <u>Stationary Engineer</u>		BIRTHPLACE <u>Sanilac Co Michigan</u>	OCCUPATION <u>—</u>
Number of child of this mother <u>Fifth</u>		Number of children, of this mother, now living <u>Five</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on

Sep 17, 1908, at 10.9 M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.

(Signature) Andrew Suldo MD

Dated Sep 19, 1908

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report

Feb 1909
C. W. Maroney

Address

Chelsea Mich

Filed Sep 20, 1908

C. W. Maroney
REGISTRAR

REGISTRAR