

STATE OF MICHIGAN

Department of State—Division of Vital Statistics REGISTER OF BIRTHS

PUBLIC ACT NO. 330 OF 1905

(Township or Village.)

Village of Melvindale
County of Washtenaw

From January 1st, 1901, to January 24, 1901

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 where 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

Village of Chelsea

City of

FULL NAME OF CHILD

Sex of child

FULL NAME

RESIDENCE

COLOR OR RACE

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 July 21, 1909, at 9:50 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 May 1909

Signed by

REGISTRAR.

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No.

St; Ward)

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

Twin, triplet, or other? No } and { Number in order of birth

Legitimate? Yes

Date of Birth July 21
(Month) (Day) (Year)

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

AGE AT LAST BIRTHDAY
(Years)

Detroit Mich.

Ours

Number of children, of this mother, now living

(Signature)

Dated

Address

Filed

(Attending physician, midwife, father, etc.)

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WashtenawTownship of Chelseaor Village of Chelseaor City of ChelseaFULL NAME OF CHILD Harold Alouisius Hart ConwaySex of child MaleTwin, triplet, or other? Noand Number in order of birth 1Legiti-
mate?Date of Birth Jan 28

(Month) (Day) (Year)

FATHER Michael ConwayRESIDENCE Chelsea MichCOLOR OR RACE WhiteAGE AT LAST BIRTHDAY 20 (Years)BIRTHPLACE County Limerick IrelandOCCUPATION Railroad Baggage masterNumber of child of this mother FifthMOTHER Mary J. RiordanRESIDENCE Chelsea MichCOLOR OR RACE WhiteAGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE Co Limerick IrelandOCCUPATION inNumber 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

Jan 28, 1909, at 103 M.

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

(Signature) Audrey Guelde MDDated Jan 30 1909

(Attending physician, midwife, father, etc.)

Address Chelsea MichFiled Feb 1st 1909

C. W. Maroney

Given or christian name added from a supplemental report Feb 1st 1909

C. W. Maroney

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.

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. 3.

St. _____ Ward)

FULL NAME
OF CHILD James Allie Mauley{ If child is not yet named, make
supplemental report, as directed.

Sex of child <i>Male</i>	Twin, triplet, or other? <i></i>	to _____ <i></i>	Number in order of birth <i></i>	Legiti- mate? <i></i>
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Date of Birth Jan 27, 1909
(Month) (Day) (Year)

FATHER
Full Name Wm. Byron Mauley
Residence Chelsea Mich
Color or Race White
Age at Last Birthday 24
(Years)

MOTHER
Full Maiden Name Louis Bell Bush
Residence Chelsea Mich
Color or Race White
Age at Last Birthday 25
(Years)

BIRTHPLACE Dexter Twp. Mich
OCCUPATION Day Laborer.

BIRTHPLACE Putnam Twp, Linton Co.
OCCUPATION Housewife

Number of child of this mother Two

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 Jan 27, 1909, 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.

(Signature) E. J. Chase M.D.

Dated Feb 2 1909

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report Feb 2 1909

Address, Chelsea Mich

Filed Feb 2, 1909

(Attending physician, midwife, father, etc.)

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Wasthorneau

Township of

Sylvan

or

Village of

Chelsea

or

City of

FULL NAME
OF CHILD

Walter Fairbanks Granh

Sex of
child

Male

Twin,
triplet,
or other?

to

No.

and
Number
in order
of birthLegiti-
mate?

Yes

Date of
Birth

Feb 8, 1909

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

St: _____ Ward: _____

FULL NAME	FATHER		MOTHER
Mary Lee Graet	Margaretha Anna Lawrence		
RESIDENCE	Chelsea Mich		Chelsea Mich
White	AGE AT LAST BIRTHDAY	32 (Years)	White
BIRTHPLACE	Springfield Ohio		McLean Ill
Minister of the Gospel	Housewife		
Number of child of this mother	3		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 Feb 8, 1909, 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. Chase, M.D.

Dated Feb 13, 1909

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report 190

Address Chelsea Mich

Filed Feb 13, 1909

C. W. Marney

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

County of TashtegoTownship of Colesay
or
Village of Colesay
or
City of FULL NAME
OF CHILD

(No.)

Sex of
childMaleTwin,
triplet,
or other?and
Number
in order
of birth

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 5St.; Ward){ If child is not yet named, make
supplemental report, as directed.

FATHER

Edmund William Butler

RESIDENCE

Colesay MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 29
(Years)

BIRTHPLACE

Linen Twp Mich

OCCUPATION

Day LaborerNumber of child of this mother One

MOTHER

Mary Nellie Curtis

RESIDENCE

Colesay MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 27
(Years)

BIRTHPLACE

Brass Lake Mich

OCCUPATION

HousewifeNumber 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 July 22, 1909, 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) E. W. MarneyDated July 26, 1909

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

Address Colesay MichGiven or christian name added from a
supplemental report 190Filed Feb 26, 1909(Signature) C. W. Marney

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 CHILDSex of
childTwin,
triplet,
or other?{ Number
and
in order
of birthLegiti-
mate?Date of
BirthMarch 18, 1909
(Month) (Day) (Year)

St; Ward

Registered No. 6

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

FATHER		MOTHER	
FULL NAME	MICHAEL Mohrlock	FULL MAIDEN NAME	MARY Martha Schmier
RESIDENCE	Cheese Mich.	RESIDENCE	Cheese Mich
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sylvan Twp. Mich.	BIRTHPLACE	Holt. Mich.
OCCUPATION	Farmer.	OCCUPATION	Housewife
Number of child of this mother 4		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 18, 1909, 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)

Dated

1909

Address

Filed

1909

O. J. Chase Physician

(Attending physician, midwife, father, etc.)

Chelsea Mich E. 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 UNFADEING 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.

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

PLACE OF BIRTH

County of Washtenaw
Twp. of [unclear]
Township of [unclear]
or Village of [unclear]

City of [unclear] (No.)

FULL NAME OF CHILD

William Arnold Steger

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	Male	Twin, triplet, or other?	{ Number and { in order of birth	Legitimate? Yes	Date of Birth	May 31, 1909
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FULL NAME	FATHER		MOTHER
Augustus L Steger			Elizabeth M. Bitterbach

RESIDENCE	Chelsea Mich		RESIDENCE	Chelsea Mich				
COLOR OR RACE	White	AGE AT LAST BIRTHDAY	31	(Years)	White	AGE AT LAST BIRTHDAY	24	(Years)

BIRTHPLACE	Chelsea Mich		BIRTHPLACE	Lyndon Twp	
OCCUPATION	Deutist	none	OCCUPATION	none	

Number of child of this mother	one	Number of children, of this mother, now living	one
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on March 31, 1909, 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.

(Signature) G.W. Palmer

Dated Apr. 2, 1909

(Attending physician, midwife, father, etc.)

Given or christian name added from a supplemental report	Aug 1909	Address	Chelsea Michigan
OW Marney		Filed	Apr. 2, 1909

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Township of

or

Village of

or

City of

FULL NAME
OF CHILDSex of
child

Female

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

FATHER

John Eder.

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Germany

OCCUPATION

Stone Mason

Number of child of this mother

10

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No.

8

St.; Ward)

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

yes Apr. 6, 1909

(Month) (Day) (Year)

FULL MAIDEN NAME MOTHER

RESIDENCE Rosine Stoff,

Chelsea Mich

COLOR OR RACE White AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE Germany

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

Apr. 6, 1909, at 6 P.M.

S. F. Chase

(Signature)

Dated Apr. 14, 1909

(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 Chelsea Mich

Filed Apr. 14, 1909

6 W. Maroney

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.

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

City of _____

(No. _____)

FULL NAME
OF CHILDLaVerne Peltin SnyderRegistered No. G

St. _____ Ward _____

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

Sex of child	Twin, triplet, or other?	Number in order of birth	Legiti- mate?	Date of Birth
Male	singl	1	yes	Apr. 6, 1909

FATHER				MOTHER
FULL NAME				FULL MAREN NAME

RESIDENCE				RESIDENCE
Chelsea				Chelsea

COLOR OR RACE	AGE AT LAST BIRTHDAY	(Years)	COLOR OR RACE	AGE AT LAST BIRTHDAY	(Years)
White	37		White	35	

BIRTHPLACE				BIRTHPLACE
Whitmore Lake Mich				Howell Mich

OCCUPATION				OCCUPATION
Laundryman				Housewife

Number of child of this mother	First	Number of children, of this mother, now living	one
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Apr. 6, 1909, 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) S. J. Bush

Dated Apr. 15, 1909

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report 190

Address Chelsea

Filed Apr. 15, 1909

C. W. Maroney

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

Township of

or

Village of Chelseay

or

City of

FULL NAME OF CHILD

Sex of child

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

Date of Birth

May 10
(Month), 1909
(Year)

FULL NAME

FATHER

Elmer Weinburg

RESIDENCE

Chelseay

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

33

(Years)

BIRTHPLACE

Kicksburg

OCCUPATION

Linenmith

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

May 10, 1909, 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)

J. H. Bush

Dated

May 18 1909

(Attending physician, midwife, father, etc.)

Physician

Address

Chelseay

Given or christian name added from a supplemental report

190

Filed

May 18 1909

C. H. 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.

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 or Village of <u>Chelseq</u> or City of _____		RECORD OF BIRTH Registered No. <u>11</u>		
(No.)		St. _____ Ward _____		
FULL NAME OF CHILD <u>Ericelle Klapp</u>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Fewal</u>	Twin, - triplet, or other?	{ Number and in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May</u> (Month) <u>19</u> (Day) <u>1909</u> (Year)
FATHER <u>Frank Klapp</u>		MOTHER <u>Emal Belle M Barnes</u>		
FULL NAME	RESIDENCE <u>Chelseq Mich</u>		FULL MAIDEN NAME	RESIDENCE <u>Chelseq Mich</u>
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	
BIRTHPLACE <u>Detroit Mich</u>	OCCUPATION <u>Sayd Labourer</u>	BIRTHPLACE <u>Bronson Mich</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 May 19, 1909, at 49 M.

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

(Signature) E. J. Chase MDDated May 19, 1909

(Attending physician, midwife, father, etc.)

Address Chelseq MichFiled May 19, 1909(Signature) E. J. MaroneyGiven or christian name added from a
supplemental report 190

REGISTRAR.

REGISTRAR.

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

FULL NAME OF CHILD

Sex of child MaleTwin,
triplet,
or other?

(No.)

and Number
in order
of birthLegiti-
mate?
Yes

Date of Birth

May 23, 1909
(Month) (Day) (Year)

FULL NAME

FATHER

Thomas Gould Speer

RESIDENCE

Chelsea Mich.

COLOR OR RACE

CaucasianAGE AT LAST BIRTHDAY
(Years) 44

BIRTHPLACE

Chelsea Mich.

OCCUPATION

Tinner

Number of child of this mother

Fourth

Number of children, of this mother, now living

Two

I hereby certify that I attended the birth of above child, and that it occurred on May 23, 1909, at 8:08 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

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 12St.; Ward)

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

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Clara W. DaubersmithChelsea MichCaucasianRidgeway DrugTiny

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(Signature)

Dated May 29, 1909

Address

Filed May 25, 1909(Attending physician, midwife, father, etc.) DavidChelsea MichD.W. Marney

REGISTRAR

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

W. 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 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. 13

St. _____ Ward _____

FULL NAME
OF CHILDMac Glenn Haup{ If child is not yet named, make
supplemental report, as directed.Sex of
child FemaleTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?
yesDate of
Birth May(Month) 26, (Day) 1909 (Year)FULL
NAME

FATHER

George Edward HaupFULL
MAIDEN
NAME

MOTHER

Lena Doty

RESIDENCE

Chelsea Mich

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Fultoy lo Ohio

OCCUPATION

BlacksmithCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Living Twp Mich

OCCUPATION

HousewifeNumber of child of this mother TwoNumber 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

May 26, 1909, 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) E. J. Chase M.D.Dated May 29, 1909

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 190Address Chelsea MichFiled May 30, 1909(Signature) C. W. Maroney

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of *Washtenaw*

Township of

Chelsea

or

Village of

or

City of

FULL NAME
OF CHILD

(No.)

St.; _____ Ward)

Sex of child *Female* Twin, triplet, or other? _____ and Number in order of birth _____ Legiti-mate? *Yes* Date of Birth *June 23*
 (Month) (Day) (Year)

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

FULL NAME	FATHER		MOTHER
<i>Lloyd L. Rogers</i>			<i>Nora O'Leary</i>
RESIDENCE	<i>Chelsea Mich</i>		<i>Chelsea Mich</i>
COLOR OR RACE	White	AGE AT LAST BIRTHDAY <i>33</i> (Years)	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE	<i>Clinton Mich</i>		<i>Cambridge Mich</i>
OCCUPATION	<i>Farmery</i>		<i>House</i>

COLOR OR RACE	White	AGE AT LAST BIRTHDAY <i>33</i> (Years)	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE	<i>Clinton Mich</i>		<i>Cambridge Mich</i>
OCCUPATION			

Number of child of this mother

Fourth

Number of children, of this mother, now living

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on *June 25, 1909*, at *1:30 P.M.*

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

(Signature) *Audrae Culde M.D.*Dated *June 25, 1909*

(Attending Physician, midwife, father, etc.)

Given or christian name added from a
supplemental report *Aug 1909**W. Marney*Address *Chelsea Mich*Filed *June 25, 1909*

R.A.P.

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 Washtenaw
Township of Sylvania
Village of Bellevue
City of _____ (No. _____)

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

RECORD OF BIRTH

Registered No. 15

St. _____ Ward _____

FULL NAME
OF CHILDEladys' Mary Festerke.{ If child is not yet named, make
supplemental report, as directed.

Sex of child <u>Female</u>	Twin, triplet, or other? _____	{ Number and { in order of birth _____	Legiti- mate? <u>yes</u>	Date of Birth <u>June 28</u> (Month)	Year <u>1909</u> (Day)
-------------------------------	---	---	-----------------------------	--	---------------------------

FULL NAME <u>Frederick Christ Festerke</u>	FATHER		FULL MAIDEN NAME <u>Hensg Mary, Gitzney</u>	MOTHER	
---	--------	--	--	--------	--

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

COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
-------------------------------	--	--	-------------------------------	--

BIRTHPLACE <u>Sylvania Sup Mich</u>			BIRTHPLACE <u>Jackson Mich</u>		
--	--	--	-----------------------------------	--	--

OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		
-----------------------------	--	--	--------------------------------	--	--

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 28, 1909, 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. J. ChaseDated July 2, 1909(Attending physician, midwife, father, etc.) Physician

Given or christian name added from a
supplemental report. 190

Address Chelsea MichFiled July 2, 1909

PARTISAN

REGISTRAR.

PLACE OF BIRTH STATE OF MICHIGAN

STATE OF MICHIGAN
Department of State--Division of Vital StatisticsCounty of WashtenawTownship of SylvanVillage of Chelsea

City of _____

(No.)

RECORD OF BIRTH

Registered No. 16

St. _____ Ward. _____

FULL NAME
OF CHILDCatherine Helen Chase.{ If child is not yet named, make
supplemental report, as directed.Sex of
child FemaleTwin,
triplet,
or other? 4 and 1
Number
in order
of birthDate of
Birth July 17
(Month) 1909
(Day) 9
(Year)FULL
NAME

FATHER

Frederick Chase

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 23
(Years)

BIRTHPLACE

Alton N.Y.

OCCUPATION

Carpenter.Number of child of this mother TwoFULL
MAIDEN
NAME

MOTHER

RESIDENCE

Anna Beatrice DotyCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 23
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

HousewifeNumber 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 July 17, 1909, at 9:30 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

REGISTRAR.

(Signature) C. S. ChaseDated July 24, 1909(Attending physician, midwife, father, etc.) PhysicianAddress Chelsea MichFiled July 24, 1909REGISTRAR. 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.

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

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

RECORD OF BIRTH

Registered No. 17

St; _____ Ward)

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

Sex of child Male

Twin,
triplet,
or other? singleNumber
and
in order
of birthLegiti-
mate? YesDate of
BirthJuly 27, 1909
(Month) (Day) (Year)FULL
NAME

FATHER

Adam Faish

RESIDENCE

Chelsea

COLOR
OR RACE

caucasian

AGE AT LAST
BIRTHDAY41
(Years)FULL
MAIDEN
NAME

MOTHER

Mary Schubel

RESIDENCE

Chelsea

BIRTHPLACE

Sharon Mich

OCCUPATION

Carriage Maker.

Number of child of this mother 4

COLOR
OR RACE

caucasian

AGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

Scio Mich

OCCUPATION

Housewife

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 July 27, 1909, 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) J. Bush

Dated July 30, 1909

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report Aug. 1909

C.W. Maroney

Address Chelsea

Filed July 30, 1909

(Attending physician, midwife, father, etc.)

REGISTRAR

REGISTRAR

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WashtenawTownship of Chesley
or
Village of Chesley
or
City of ChesleyFULL NAME
OF CHILD Viola May McDadeSex of
child FemaleTwin,
triplet,
or other?Number
and
in order
of birthLegiti-
mate? YesDate of
Birth July

(Month)

6 (Day)1909 (Year){ If child is not yet named, make
supplemental report, as directed.FULL
NAME

FATHER

Percy. McDade

RESIDENCE

ChesleyCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 21
(Years)

BIRTHPLACE

Ithaca Mich

OCCUPATION

Farmer.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 July 6, 1909, 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.

Given or christian name added from a
supplemental report 1909(Signature) L.S. BushDate July 16, 1909

(Attending physician, midwife, father, etc.)

Address ChesleyFiled July 30, 1909C.W. Murray

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 BIRTHCounty of WashtenawTownship of ChelseaVillage of ChelseaCity of Chelsea**FULL NAME
OF CHILD**

(No.)

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTHRegistered No. 19

St. _____ Ward _____

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

**Sex of
child**MaleTwin,
triplet,
or othersingl

and

{ Number
in order
of birthLegiti-
male?yesDate of
BirthJuly 30

(Month)

July

(Day)

30190

(Year)

**FULL
NAME****FATHER****RESIDENCE****COLOR
OR RACE****BIRTHPLACE****OCCUPATION**George AdrowChelseaWhiteGermanyButcher**FULL
MAIDEN
NAME****RESIDENCE****COLOR
OR RACE****BIRTHPLACE****OCCUPATION**Amy MoholockChelseaWhiteChelseaHousewife

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 30, 1909, at 39 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. BushDated Aug 6 1909(Attending physician, midwife, father, etc.) PhysicianGiven or christian name added from a
supplemental report 190Address 101 W. HuronFiled Aug 6 1909

REGISTRAR.

MARTINSON

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of *Washtenaw*Township of *Sylvans*Village of *Belding*City of *18*FULL NAME
OF CHILDSex of
child *Female*Twin,
triplet,
or other?Number
and
in order
of birthFULL
NAME

FATHER

RESIDENCE

MOTHER

COLOR
OR RACEAGE AT LAST
BIRTHDAY

BIRTHPLACE

(Years)

OCCUPATION

AGE AT LAST
BIRTHDAY

Number of child of this mother

*Two*Legiti-
mate? *Yes*Date of
Birth *Aug 1*(Month) *Aug* (Day) *1* (Year) *1909*FULL
MAIDEN
NAME

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

MOTHER

RESIDENCE

AGE AT LAST
BIRTHDAY

BIRTHPLACE

OCCUPATION

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

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

MARGIN RESERVED FOR BINDING.

Form 220-6-08-2,000

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

Aug 1, 1909, 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) *E. J. Basa*Dated *Aug 7*, 1909(Attending physician, midwife, father, etc.) *Physician*Given or christian name added from a
supplemental report *190*Address *Chesley Mich*Filed *Aug 8*, 1909REGISTRAR. *H. Harvey*

REGISTRAR.

MARGIN RESERVED FOR BINDING.**WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.**

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

PLACE OF BIRTHCounty of WashtenawTownship of SymanVillage of Chelsea

City of _____

**FULL NAME
OF CHILD**Sex of child, FemaleTwin,
triplet,
or other?{ and Number
in order
of birth}Legiti-
mate?
YesDate of Birth
Aug 4(Month)
(Day)

(Year)

Registered No. 21

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

AGE AT LAST
BIRTHDAY
39
(Years)FULL MAIDEN NAME
MOTHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

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 4, 1909 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)

Dated Aug 7 1909Address Chelsea Mich.Filed Aug 8 1909

(Attending physician, midwife, father, etc.)

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

Township of Chelsea

Village of

City of

FULL NAME OF CHILD

Sex of child

Twin, triplet,
or other?

FATHER

RESIDENCE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of child of this mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

RECORD OF BIRTH

RECORD OF BIRTH

Registered No.

St; Ward

Legiti-
mate?

Date of Birth

Aug 16, 1909
(Month) (Day) (Year)

MOTHER

RESIDENCE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Sheba Fay Turn Bull,

Chelsea Mich

16 (Years)

AGE AT LAST BIRTHDAY

Chelsea Mich

16 (Years)

Number of children, of this mother, now living

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

Aug 16, 1909, 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)

Dated Aug 17 1909

(Attending physician, midwife, father, etc.)

Given or christian name added from a supplemental report

Fancy 1909

L W. Maroney

Address

Filed

Chelsea Mich

Aug 18, 1909 C. 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.

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 _____ No. _____

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

RECORD OF BIRTH

Registered No. 23

St. _____ Ward) _____

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

Sex of child	Twin, triplet, or other	Number and in order (of birth)	Legiti- mate?	Date of Birth	Sept 1	(Month)	1909	(Day)	(Year)
Male	single		Yes						

FULL NAME	FATHER			FULL MAIDEN NAME	MOTHER		
<u>Dora Salesby</u>	<u>Amy Rosenthal</u>			<u>Sora Salesby</u>	<u>Chelsea</u>		
RESIDENCE				RESIDENCE			
<u>Chelsea</u>				<u>Chelsea</u>			
COLOR OR RACE	White	AGE AT LAST BIRTHDAY	34	COLOR OR RACE	White	AGE AT LAST BIRTHDAY	29
BIRTHPLACE	<u>Russia</u>			BIRTHPLACE	<u>Poland</u>		
OCCUPATION	<u>Mechanic</u>			OCCUPATION	<u>Housewife</u>		

Number of child of this mother 3Number 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 Sept 1, 1909, 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) S. G. BealeDated Sept 18 1909

Attending physician, midwife, father, etc.*

Given or christian name added from a supplemental report 190Address ChelseaFiled Sept 10, 1909

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of Washougal

Township of Chelsea

Village of Chelsea

City of Chelsea

(No.)

Registered No. 24

St; Ward)

FULL NAME
OF CHILD

Ruth Lucille Whitman

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

and

{ Number
in order
of birthLegiti-
mate?Date of
Birth

Sept 23

(Month)

1909

(Day)

Year)

FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Walter Whitman

Detroit Mich

White

AGE AT LAST
BIRTHDAY 26
(Years)FULL
MAIDEN
NAME

MOTHER

RESIDENCE

Blanche Dow

COLOR
OR RACE

Detroit Mich

England

Baker

White

AGE AT LAST
BIRTHDAY 23
(Years)

BIRTHPLACE

Ferndale Mich

OCCUPATION

Baker

Number of child of this mother

Second

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

Sept 23, 1909 at 4:50 P.M.

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

(Signature)

Dated

1909

(Attending physician, midwife, father, etc.)

Audrey Guldge MD

Given or christian name added from a
supplemental report

1909

W. M. Munney

Address

Filed

1909

C. W. Mason

REGISTRAR.

REGISTRAR.

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, giving 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		STATE OF MICHIGAN	
County of Washtenaw		Department of State--Division of Vital Statistics	
Township of Chelsea		RECORD OF BIRTH	
Village of Chelsea		Record to State	
City of Chelsea		Record to County	
FULL NAME OF CHILD		(No.)	
Vincent Maxwell Newton		{ If child is not yet named, make supplemental report, as directed.	
Sex of child	Male	Twin, triplet, or other?	No
		and { Number in order of birth	
		Legitimate? Yes	
FATHER		Date of Birth Sept 27, 1909	
John Newton		(Month) (Day) (Year)	
RESIDENCE Chelsea Mich		MOTHER	
COLOR OR RACE White		Clara Josephine Ryan	
AGE AT LAST BIRTHDAY 22 (Years)		RESIDENCE Chelsea Mich.	
BIRTHPLACE Detroit Mich		COLOR OR RACE White	
OCCUPATION Japanese Silver Factory		AGE AT LAST BIRTHDAY 23 (Years)	
Number of child of this mother First		BIRTHPLACE Lester Mich	
Number of children, of this mother, now living One		OCCUPATION	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child, and that it occurred on Sept 27, 1909, 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) Andros Sulder, M.D.	
Given or christian name added from a supplemental report Dany 1900		Dated Sept 27, 1909	
67th Marriage		Attending physician, midwife, father, etc.	
Address Chelsea Mich		Filed Sept 28, 1909	
REGISTRAR		C. H. Marney	

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of Washtenaw
 Township of Chelsea.
 Village of _____
 City of _____

(No.)

Registered No. 26

St. _____

Ward)

FULL NAME
OF CHILDSean Lawrence Rogers.If child is not yet named, make
supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? _____	to birth _____ and Number in order of birth <u>3rd</u>	Legitimate? <u>Yes.</u>	Date of Birth <u>Sept 28</u>	To year _____
				(Month) <u>Sept</u>	(Day) <u>28</u>
				(Year) <u>1909</u>	

FULL NAME <u>Dor. L. Rogers</u>	FATHER <u>MEDICAL SURGEON</u>	MOTHER <u>Hormance Martin.</u>
RESIDENCE <u>Chelsea</u>	RESIDENCE <u>Chelsea</u>	

COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Sackbridge, N.Y.</u>	OCCUPATION <u>Bookkeeper</u>	BIRTHPLACE <u>Reading, N.Y.</u>	OCCUPATION <u>None</u>

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Sept 28, 1909, 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.

(Signature) Geo W PalmerDated Sept 30 1909(Attending physician, midwife, father, etc.) PhysicianAddress Chelsea MichFiled Oct 2nd, 1909

REGISTRAR

REGISTRAR

Given or christian name added from a
supplemental report Jany 1909C. 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.

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
or

City of

FULL NAME
OF CHILD

Sex of
child

FULL
NAME

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Number of child of this mother.....

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

STATE OF MICHIGAN
RECORD OF BIRTH

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.

Legiti-
mate? Yes

Date of
Birth

Sept, 23, 1909

(Month)

(Day)

(Year)

FULL
MAIDEN
NAME

MOTHER

Ida Mash

RESIDENCE

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY.....

22

(Years)

BIRTHPLACE

Chelsea, Detroit, Mich

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Sept 23, 1909, at 89 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. Bush

Dated Oct 2 1909

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

Given or christian name added from a

supplemental report 190

Address Chelsea

Filed Oct 14th 1909

REGISTRAR

REGISTRAR

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of WashtenawTownship of ChelseayVillage of ChelseayCity of Chelseay

(No.)

St.

Ward

FULL NAME
OF CHILDSex of
childTwin,
triplet,
or other? Singl) and { Number
in order
of birthLegiti-
mate? Yes,Date of
BirthOct 12, 1909
(Month) (Day) (Year){ If child is not yet named, make
supplemental report, as directed.FULL
NAME

FATHER

Henry StricterFULL
MAIDEN
NAME

MOTHER

King Fort

RESIDENCE

Chelseay

RESIDENCE

ChelseayCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY.....26
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY.....21
(Years)

BIRTHPLACE

Lans MichClinton Mich

OCCUPATION

Section HandHousewifeNumber of child of this mother.....2Number 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 Oct 12, 1909, 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)

G. Bush

Dated

Oct 13 1909

Physician

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

Given or christian name added from a

supplemental report.....190

Address

Chelseay

Filed

Oct 14th 1909C.W. Maroney

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
 County of Washtenaw
 Township of Sylius
 or
 Village of Chelsea
 or
 City of _____ (No. _____)

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

RECORD OF BIRTH

Registered No. 39

St; _____ Ward _____

FULL NAME
OF CHILDSex of
childTwin,
triplet,
or other?{ Number
in order
of birthLegiti-
mate?Date of
BirthOct. 17, 1909
(Month)
(Day)
(Year)If child is not yet named, make
supplemental report, as directed.

FATHER

FULL
NAMEEmmett L. Dauces,

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY

32

(Years)

BIRTHPLACE

Livingston Co., Mich

OCCUPATION

Machine Press. man

Number of child of this mother

3d

MOTHER

FULL
MAIDEN
NAMEEvelyn Nutton

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY

34

(Years)

BIRTHPLACE

Grass Lake

OCCUPATION

NoneSecond

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

Oct. 17, 1909, 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.

(Signature)

G.W. Palmer

Dated

Oct. 18, 1909

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report Jany 1909C.W. Maroney

Address

ChelseaMich

Filed

Oct. 20th, 1909

C.W. Maroney

REGISTRAR

REGISTRAR

PLACE OF BIRTH County of <u>Washington</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 _____		Registered No. <u>30.</u>		
(No. <u>11</u>)		St; _____	Ward) _____	
FULL NAME OF CHILD <u>Norman Addison Webb</u>		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>Nov. 11</u>	To <u>1909</u> (Month) (Day) (Year)
FULL NAME <u>Edmund J. Webb</u>	MOTHER <u>Florance Harvey</u>			
RESIDENCE <u>Chelsea Mich</u>	RESIDENCE <u>Chelsea Mich</u>			
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Williamston Mich</u>	BIRTHPLACE <u>Covington Penn</u>			
OCCUPATION <u>Laborer</u>	OCCUPATION <u>None</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 Nov 11, 1909, 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.

Given or christian name added from a
supplemental report 190

(Signature) G.W. Palmer
Dated Nov. 13, 1909 Physician
(Attending physician, midwife, father, etc.*)

Address Chelsea Mich
Filed Nov. 13th, 1909 by G.W. Marney
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 BIRTHCounty of HastingsTownship of ChelseaVillage of ChelseaCity of Chelsea**FULL NAME
OF CHILD****Sex of
child**MaleTwin,
triplet,
or other? SingleNumber
in order
of birth 1**STATE OF MICHIGAN**

Department of State--Division of Vital Statistics

RECORD OF BIRTHRegistered No. 31

St. _____ Ward) _____

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

FULL NAME	FATHER		MOTHER
<u>Miles Alexander</u>			<u>Pearl Stuart</u>
RESIDENCE	<u>Chelsea</u>		<u>Chelsea</u>
COLOR OR RACE	<u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	<u>White</u>
BIRTHPLACE	<u>Aug Arbor Mich</u>		<u>Northville Mich</u>
OCCUPATION	<u>Tinner</u>		<u>None</u>

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 Nov. 14, 1909, at 119 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. Bush,Dated Nov. 22, 1909

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report 190

Address

Filed Nov. 23, 1909C. W. Maroney

REGISTRAR

REGISTRAR

REGISTRAR

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WashingtonTownship of BellevilleVillage of City of FULL NAME
OF CHILD Catherine Amy WheelerSex of
child FemaleTwin,
triplet,
or other? SinglNumber
in order
of birth 1Legiti-
mate? YesDate of
Birth Dec 7(Month) Dec(Day) 7(Year) 1909{ If child is not yet named, make
supplemental report, as directed.

FATHER

MOTHER

William WheelerAmy Foster

RESIDENCE

RESIDENCE

COLOR
OR RACECOLOR
OR RACEWhiteWhiteAGE AT LAST
BIRTHDAY 31
(Years)AGE AT LAST
BIRTHDAY 31
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

ChelseaChelseaNumber of child of this mother 3Number 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 7, 1909, 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) J. BushDated Dec 17, 1909Address ChelseaFiled Dec 13, 1909(Attending physician, midwife, father, etc.) C. V. MaroneyGiven 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 Chester
 Village of Chester
 City of Ypsilanti (No. _____)

STATE OF MICHIGAN
Department of State--Division of Vital Statistics**RECORD OF BIRTH**Registered No. 83

St. _____ Ward) _____

**FULL NAME
OF CHILD**Katherine Susanna Nicolai

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

**Sex of
child**Female Twin,
triplet,
or other? Singe { Number
and in order
of birth _____)Legiti-
mate?**Date of
Birth**Dec. 11, 1900
(Month) (Day) (Year)**FATHER**
FULL NAMEAlbert Nicolai**MOTHER**Christina Bauer

RESIDENCE

Chelsea

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY33
(Years)AGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Monterey Mich

BIRTHPLACE

Germany

OCCUPATION

Farmer

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

Dec. 11, 1900, 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

Dec. 18, 1900

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report

190

Address

Filed

Dec. 18, 1900

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH STATE OF MICHIGAN
Franklin

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

RECORD OF BIRTH

County of Wayne
Township of Sylvan
or Village of Chelsea
City of (No.)

Registered No. 34.

St. Ward)

FULL NAME
OF CHILD

Eva Katherine Eisele.

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

Sex of
child

Female

Twin,
triplet,
or other?

No

To

and

Number
in order
of birth

Legiti-
mate?

Yes.

Date of
Birth

Dec 21

To

190

(Month)

(Day)

190

(Year)

FULL
NAME

FATHER

Albert Eisele,

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

35

(Years)

BIRTHPLACE

Germany

OCCUPATION

Farmer

Number of child of this mother

Still

FULL
MAIDEN
NAME

MOTHER

Wilhelmine Koch,

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

35

(Years)

BIRTHPLACE

Germany

OCCUPATION

Farmer

Number 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 21, 1904 at 7:30 A.M.

Standard

(Signature)

Audrey Gilder MD

Dated Dec 22, 1904

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

Address

Chelsea Mich

Filed Dec 23rd, 1904

C.W. Maroney

Given or christian name added from a
supplemental report Jan 1960

C.W. Maroney

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.**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 *No*, *John Phillip Reusch*.

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

RECORD OF BIRTH*35*

Registered No.

St; *Ward*

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

Sex of child <i>Male.</i>	Twin, triplet, or other? <i>—</i>	{ Number and { Number in order of birth	Legiti-mate? <i>Yes</i>	Date of Birth <i>Dec 25</i> (Month)	<i>1909</i> (Day)	<i>Year</i>
---------------------------	-----------------------------------	---	-------------------------	--	----------------------	-------------

FULL NAME	FATHER		MOTHER
<i>Edwin Reusch.</i>			<i>Nellie Walsh.</i>
RESIDENCE	<i>Chelsea Mich</i>	<i>28</i>	<i>Chelsea Mich.</i>
COLOR OR RACE	<i>White</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)	<i>White</i>
BIRTHPLACE	<i>Chelsea Mich</i>		<i>Sylvan Twp Washt Co Mich</i>
OCCUPATION	<i>Clerk in General Store</i>		<i>None</i>

Number of child of this mother *1st*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

Dec 25, 1909, at 11:55 P.M.

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

(Signature) *W. Palmer, M.D.*Dated *Dec 26, 1909*

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report *Judy* *1909*Address *Chelsea Mich*Filed *Dec 26, 1909*

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of *Washtenaw*Township of *Belvoir*Village of City of *W. B.*(No. *712*)FULL NAME
OF CHILD *Virginia McLaren*Sex of
child *Female.*Twin,
triplet,
or other? *Singer*and
Number
in order
of birth *1*Legiti-
mate? *Yes.*Date of
Birth *Dec 22*(Month) *Dec*(Day) *22*(Year) *1909*{ If child is not yet named, make
supplemental report, as directed.FULL
NAME *Wm S. McLaren*

FATHER

RESIDENCE *Chelsea*COLOR
OR RACE *White*AGE AT LAST
BIRTHDAY *25*BIRTHPLACE *Living Mich.*OCCUPATION *Mechanic*Number of child of this mother *1*MOTHER *Katherine Roles*FULL
MAIDEN
NAMERESIDENCE *Chelsea*COLOR
OR RACE *White*AGE AT LAST
BIRTHDAY *25*BIRTHPLACE *Grand Rapids Mich*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 *Dec 22, 1909*, at *60 M.*

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

(Signature) *S. H. Bush*Dated *Dec 29, 1909*Address *Chelsea Mich*Filed *Dec 29, 1909*(Attending physician, midwife, father, etc.) *Physician*Given or christian name added from a
supplemental report *190*

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
County of Washtenaw
Township of Chelsea
Village of Chelsea
City of (No.)

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

RECORD OF BIRTH

Registered No. 37St. Ward FULL NAME
OF CHILDRuth Millsbaugh.

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

Sex of child <u>Female</u>	Twin, triplet, or other? <u>single</u>	Number in order of birth <u>1</u>	Legiti- mate? <u>Yes.</u>	Date of Birth <u>Dec. 31, 1910</u> (Month) (Day) (Year)
FULL NAME <u>George Millsbaugh,</u>	FATHER			MOTHER <u>Myrt. Cook.</u>
RESIDENCE <u>Chelsea</u>				RESIDENCE <u>Chelsea</u>
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)			
BIRTHPLACE <u>Chelsea Mich.</u>				BIRTHPLACE <u>Chelsea Mich.</u>
OCCUPATION <u>Trucking Salesman</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 Dec. 31, 1904 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) J. G. BushDated Aug 7 1909Address Chelsea MichFiled Jan 8, 1910(Attending physician, midwife, father, etc.) Physician

REGISTRAR

REGISTRAR

REGISTRAR

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		1910	STATE OF MICHIGAN	
County of		Michigan		
Township of		Department of State--Division of Vital Statistics		
or				
Village of				
or				
City of		(No.)	RECORD OF BIRTH	
FAMILY NAME OF CHILD		Oathmiles Allen Hagadon		
		{ 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
Male	No		Yes.	July 7, 1910.
FATHER		MOTHER		
FULL NAME		Elizabeth Matilda Page		
RESIDENCE		Chelsea Mich.		
COLOR OR RACE	AGE AT LAST BIRTHDAY	(Years)	COLOR OR RACE	AGE AT LAST BIRTHDAY
White	53	(Years)	White	30
BIRTHPLACE	Detroit Mich.			
OCCUPATION	Laborer			
Number of child of this mother		Eighth		
		Number of children, of this mother, now living		
Eighth				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
I hereby certify that I attended the birth of above child, and that it occurred on				
July 7, 1910, at 12 noon M.				
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.		(Signature) C. Adros & Childe MD		
Given or christian name added from a supplemental report		Dated July 7, 1910		
McK 190		(Attending physician, midwife, father, etc.)		
C. W. Maroney		Address Chelsea Mich		
Filed July 10, 1910		C. W. Maroney		
		REGISTRAR		

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of *Washtenaw*Township of *Syona Ling*or *Bethel*Village of *Chelsea*

or

City of

FULL NAME
OF CHILD

(No.)

Sex of
child

Female

Twin,
triplet,
or other?

No

} and { Number
in order
of birthLegiti-
mate?

Yes.

Date of
Birth

Aug

21

To

1910

(Month)

(Day)

(Year)

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

FATHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

*Conrad Michael Schanz**Chelsea Mich.**White**Ling Top Wash Co Mich**Fanner*FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

*Nellie Frank**Chelsea Mich**White**Jackson Mich*

Number of child of this mother

Number of children, of this mother, now living

Nine

Standard

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Jan 21, 1910, at 4:10 A.M.

(Signature)

Audros Gilder MD

Dated

July 21, 1910

(Attending physician, midwife, father, etc.)

Address

Chelsea Mich

Filed

Jan 25, 1910

*J.W. Marney*Given or christian name added from a
supplemental report

Mch 1910

J.W. Marney

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.

Form 220-1-08-2, 1910

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>Chelsea</u> or Village of <u>Chelsea</u> or City of <u>Chelsea</u> (No.)		RECORD OF BIRTH Registered No. <u>3</u>	
FULL NAME OF CHILD <u>Leah Grace Aleander</u>		St.; _____ Ward) If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Male</u>	Twin, triplet, or other? <u>No</u>	Number in order of birth <u>{ } { }</u>	Legiti-mate? <u>Yes</u> Date of Birth <u>Feb. 1, 1960</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Archie Aleander</u> RESIDENCE <u>Chelsea Mich</u> COLOR OR RACE <u>White</u>		MOTHER FULL MAIDEN NAME <u>Maudie Elley McCormick</u> RESIDENCE <u>Chelsea Mich</u> COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>10</u> (Years)	
BIRTHPLACE <u>Chelsea Mich</u> OCCUPATION <u>Working in Store Factory</u>		BIRTHPLACE <u>Detroit Mich</u> OCCUPATION <u>At home</u>	
Number of child of this mother <u>Second</u>		Number of children, of this mother, now living <u>Two</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child, and that it occurred on <u>Feb. 1, 1960</u> at <u>10:59 P.M.</u>			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.		(Signature) <u>Audros Guldin MD</u> Dated <u>Feb. 3 1960</u> (Attending physician, midwife, father, etc.)	
Given or christian name added from a supplemental report <u>W. Marney</u> <u>1960</u>		Address <u>Chelsea Mich</u> Filed <u>Feb. 4th, 1960</u> <u>W. Marney</u> REGISTRAR <u>W. Marney</u> REGISTRAR	
REGISTRAR			

PLACE OF BIRTH

STATE OF MICHIGAN

County of

Westland

Township of

Chelsea

Village of

Chelsea

City of

Chelsea

FULL NAME
OF CHILD

Henry Ralph Freeman

Sex of
child

Male

Twins,
triplets,
or other?Single
and {
Number
in order
of birth}

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No.

St. _____ Ward _____

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

FATHER

Ralph Freeman

RESIDENCE

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY33
(Years)Legiti-
mate?Date of
BirthFeb 18
(Month)1910
(Day)
(Year)

BIRTHPLACE

Manchester Mich

OCCUPATION

Merchant

FULL
MAIDEN
NAME

MOTHER

Myrtle Shaw

RESIDENCE

Chelsea

Number 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

Feb 18, 1910, 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.

Given or christian name added from a
supplemental report 190

(Signature)

Dated

Feb 26, 1910

(Attending physician, midwife, father, etc.)

Address

Chelsea

Filed

Feb 26, 1910

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.)

FULL NAME OF CHILD

Gertrude Elizabeth MaloneySt; 5 Ward 10

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

Sex of child

FemaleTwin,
triplet,
or other?To be
determinedNumber
in order
of birthLegiti-
mate?

Date of Birth

Feb 18, 1960
(Month) (Day) (Year)

FULL NAME

FATHER

Timothy Maloney

FULL MAIDEN NAME

MOTHER

Barbara Meyers

RESIDENCE

Chelsea

RESIDENCE

Chelsea

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

52

(Years)

AGE AT LAST BIRTHDAY

33

(Years)

BIRTHPLACE

Ireland

BIRTHPLACE

Chelsea

OCCUPATION

Mason

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 Feb 18, 1960 at 119 M.

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

(Signature)

A. BushPhysicianDated Feb 27, 1960

Attending physician, midwife, father, etc., etc.

Given or christian name added from a supplemental report 190

Address

ChelseaFiled Feb 28th, 1960

REGISTRAR

REGISTRAR

PLACE OF BIRTH

County of Kalkaska

Township of Chelsea

Village of Chelsea

City of

FULL NAME OF CHILD

Sex of child

Female

Twin, triplet, or other?

(No.)

To _____ and { Number in order of birth }

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No.

St.; Edward)

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

FATHER

Ernest Clinton Welch

RESIDENCE

Chelsea Mich

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

37
(Years)

BIRTHPLACE

Clinton Mich

OCCUPATION

Laborer

Number of child of this mother

Mich

MOTHER

Eva Irene Welling

RESIDENCE

Chelsea Mich

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

3
(Years)

BIRTHPLACE

Ircumseh Mich

OCCUPATION

un

Number of children, of this mother, now living

Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Mar 15, 1900, 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)

G.W. Palmer

Dated

Mar 15 1900

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report

190

Address

Chelsea Mich

Filed

Mar 17, 1900

G.H. Maroney

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 <u>Washtenaw</u>		STATE OF MICHIGAN Department of State--Division of Vital Statistics	
Township of or Village of <u>Chelsea</u>		RECORD OF BIRTH	
City of _____		St.; _____	Ward) _____
FULL NAME OF CHILD <u>Austin Kesselchwerth</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Male</u>	Twin, triplet, or other? <u>No</u>	To date { Number and { of birth	Legiti- mate? <u>Yes</u> Date of Birth <u>Mar 30</u> (Month) , (Day) , (Year) <u>1960</u>
FATHER <u>Conrad Kesselchwerth</u>		MOTHER <u>Margaret Jackson</u>	
RESIDENCE <u>Chelsea Mich</u>	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)	RESIDENCE <u>Chelsea Mich</u>
BIRTHPLACE <u>Sylvan Township Wash. Co</u>	OCCUPATION <u>Labour in Stor Factory</u>	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
Number of child of this mother: <u>Sixth</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 <u>Mar 20, 1960</u> at <u>645 M.</u>			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.		(Signature) <u>Andrew Gulle M.D.</u>	
Given or christian name added from a supplemental report <u>190</u>		Dated <u>Mar 23 1960</u> (Attending physician, midwife, father, etc.) <u>Chelsea Mich</u>	
		Address <u>Chelsea Mich</u>	
		Filed <u>Mar 23, 1960</u> <u>W. K. Kesselchwerth</u> REGISTRAR.	

PLACE OF BIRTH

County of WashtenawTownship of ChelseaVillage of Chelsea

City of _____

(No.)

FULL NAME
OF CHILDDoris Fern LakeRegistered No. 8

St. _____ Ward) _____

Sex of
child

Female

Twin,
triplet,
or other?

No

To

{ Number
in order
of birth }
XLegiti-
mate?

Yes

Date of
Birth

Mar 23

(Month)

1910

(Day)

(Year)

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

FATHER

Floyd K. Lake

RESIDENCE

Chelsea MichCOLOR
OR RACE

White

AGE AT LAST
BIRTHDAY26
(Years)FULL
MAIDEN
NAME

MOTHER

Margaret Soetz

BIRTHPLACE

Pinckney Mich

RESIDENCE

Chelsea Mich

OCCUPATION

Driving Delivery WagonCOLOR
OR RACE

White

AGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Lima Wash Co Mich

OCCUPATION

At HomeNumber of child of this mother FirstNumber 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

Mar 23, 1910, at 5:15 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) Audros GueldeDated Mar 23 1910(Attending physician, midwife, father, etc.) audrosAddress Chelsea MichFiled Mar 25, 1910Signed W.H. Koenig

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 <i>Washenaw</i>		STATE OF MICHIGAN Department of State—Division of Vital Statistics	STATE OF MICHIGAN Department of State—Division of Vital Statistics	
County of <i>Washtenaw</i>		RECORD OF BIRTH		
Township of <i>Sylvan</i>		Registered No. <i>9</i>		
Village of <i>Sylvan</i>				
City of <i>Sylvan</i> (No.)		St; _____ Ward _____		
FULL NAME OF CHILD <i>Helen Irene Stauch</i>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <i>Female</i>	Twin, triplet, or other? <i>2</i>	To <i>3</i> and Number in order of birth <i>1</i>	Legiti-mate? <i>Yes</i>	Date of Birth <i>Mar 23, 1910</i> (Month) (Day) (Year)
FATHER <i>Edward Stauch</i>		MOTHER <i>Irene Blow</i>		
FULL NAME <i>Edward Stauch</i>	RESIDENCE <i>Chelsea Mich</i>	FULL MAIDEN NAME <i>Irene Blow</i>		RESIDENCE <i>Chelsea Mich</i>
COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)	COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>19</i> (Years)	
BIRTHPLACE <i>Ann Arbor Mich</i>	BIRTHPLACE <i>Ypsilanti Mich</i>			
OCCUPATION <i>Barber</i>	OCCUPATION <i>At Home</i>			
Number of child of this mother _____		Number of children, of this mother, now living _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* <i>Standard</i>				
I hereby certify that I attended the birth of above child, and that it occurred on <i>Mar 23, 1910</i> , at <i>1045 A.M.</i>				
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.		(Signature) <i>Andros Leide</i>		
Dated <i>Mar 23, 1910</i>				
(Attending physician, midwife, father, etc.) <i>Andros Leide</i>				
Address <i>Chelsea Mich</i>				
Filed <i>Mar 25, 1910</i> <i>W.H. Beetschward</i> REGISTRAR				

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of *Kosciusko*Township of *Chelsea*Village of *Chelsea*City of *Chelsea*FULL NAME
OF CHILD

(No.)

*Louis William Martin*Sex of
child

Male

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

Yes

Date of
BirthMar 24, 1910
(Month) (Day) (Year){ If child is not yet named, make
supplemental report, as directed. }FULL
NAME

FATHER

*Franklin Martin*FULL
MAIDEN
NAME

MOTHER

RESIDENCE

Anna Stevenson

RESIDENCE

Chelsea Mich

RESIDENCE

*Chelsea Mich*COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY24
(Years)AGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Webster Township Mich

BIRTHPLACE

Chelsea Mich

OCCUPATION

Farmer

OCCUPATION

At Home

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 *Mar 24, 1910*, at *8 a.m.*

(Signature)

*Z S Bush MD*Dated *Mar 29, 1910*

(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 Mich*Filed *Mar 29, 1910**W C Kuehne*

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 Washington
Township of Chelsea
Village of _____
City of _____ (No. _____)

STATE OF MICHIGAN
Department of State--Division of Vital Statistics**RECORD OF BIRTH**Registered No. 11

St. _____, Ward) _____

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

FULL NAME OF CHILD*Paul Herbert Barbour***Sex of child***Male*Twin,
triplet,
or other?*No*To be used
in order
of birth*1*Legiti-
mate?*Yes***Date of Birth***Mar. 31, 1960*

(Month)

(Day)

(Year)

FULL NAME**FATHER***Glenn H Barbour***FULL MAIDEN NAME****MOTHER***Emma M Koch***RESIDENCE***Chelsea Mich***RESIDENCE***Chelsea Mich***COLOR OR RACE***White***AGE AT LAST BIRTHDAY***27***AGE AT LAST BIRTHDAY***27*

(Years)

(Years)

BIRTHPLACE*Washington Mich***BIRTHPLACE***Lima Township Wash Co***OCCUPATION***Barber***OCCUPATION***At Home*

Number of child of this mother _____

Number of children, of this mother, now living _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**Standard*

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

May 31, 1960, at 10:25 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 *Mar. 31, 1960**Andreas Leide MD*

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

Given or christian name added from a
supplemental report *April 30, 1960**W. H. Roselkhardt*

Address

Filed

*Chelsea Mich**Mar. 31, 1960**W. H. Roselkhardt*

PLACE OF BIRTH
County of Washtenaw

STATE OF MICHIGAN *Paid to here*
Department of State--Division of Vital Statistics

Township of _____
or
Village of _____
or
City of _____

RECORD OF BIRTH

Registered No. 12
No. _____ St.; _____ Ward)

FULL NAME
OF CHILD

Ruth Agnes Clark

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

Sex of
child Female

Twin,
triplet,
or other? 7

Number
in order
of birth 7

Legiti-
mate? Yes

Date of
Birth Mar 31, 190
(Month) (Day) (Year)

FATHER		MOTHER	
<u>George C Clark</u>		<u>Mary A Clark</u>	
RESIDENCE	<u>Chelsea Mich</u>	RESIDENCE	<u>Chelsea Mich</u>
COLOR OR RACE	<u>White</u>	COLOR OR RACE	<u>White</u>
BIRTHPLACE	<u>Sylvan Township Wash Co</u>	BIRTHPLACE	<u>Sylvan Township Wash Co</u>
OCCUPATION	<u>Stone Mounter</u>	OCCUPATION	<u>At Home</u>

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 Mar 31, 190, 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) Geo W Palmer MD

Dated Apr 2 190 (Attending physician, midwife, father, etc.*)

Given or christian name added from a
supplemental report 190

Address Chelsea Mich

Filed April 2, 190 W. W. Brewster

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
or
ChesterVillage of
or

City of (No.)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 13

St; _____ Ward) _____

FULL NAME
OF CHILDBelen Elizabeth Conway{ If child is not yet named, make
supplemental report, as directed.Sex of
childFemaleTwin,
triplet,
or other?No

and

{ Number
in order
of birthLegiti-
mate?YesDate of
BirthApril03

(Month), (Day), (Year)

FULL
NAME

FATHER

Michael Conway

RESIDENCE

Chester MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Limerick Co. Ireland

OCCUPATION

Railroad Station Baggage manFULL
MAIDEN
NAME

MOTHER

Mary T. O'Riordan

RESIDENCE

Chester MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Limerick Co. Ireland

OCCUPATION

At Home

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Standard

I hereby certify that I attended the birth of above child, and that it occurred on Apr 3, 1960, at 3:15 M.

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

(Signature) Andrea Gulle MdDated Apr 3 1960

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 190Address Chester MichFiled Apr 4th, 1960W.H. Kelschmidt

PLACE OF BIRTH

County of Washtenaw

Township of

Chelsea

or Village of

or City of

18

FULL NAME
OF CHILDHelen Elizabeth Conway

Sex of child

Female

Twin, triplet, or other?

No

Number in order of birth

Legal male?

Date of Birth

April 30, 1910

(Month)

(Day)

(Year)

FULL NAME

FATHER

RESIDENCE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of child of this mother

Sixth

AGE AT LAST BIRTHDAY

30
(Years)

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

AGE AT LAST BIRTHDAY

39
(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 3, 1910, at 315A 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 Apr 3, 1910

(Attending physician, midwife, father, etc.)

Address

Chelsea MichFiled Apr 4, 1910W.C. Beselschmidt

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 <u>Nashawau</u>		Department of State--Division of Vital Statistics	
Township of <u>Or Chelsea</u>		RECORD OF BIRTH	
Village of <u>Or</u>		14	
City of <u>Or</u> (No.)		145	
St; <u>Ward)</u>		to gallIV	
FULL NAME OF CHILD		Raymond Murphy	
Sex of child <u>Male</u>		Twin, triplet, or other? <u>No</u>	Number in order of birth <u>1</u>
Legiti-mate? <u>Yes</u>		Date of Birth <u>Apr 23</u>	19 <u>0</u>
FATHER		MOTHER	
Full Name <u>Thomas Murphy</u>		Full Maiden Name <u>Frances E. Reilly</u>	
Residence <u>Chelsea Mich</u>		Residence <u>Chelsea Mich</u>	
Color or Race <u>White</u>		Color or Race <u>White</u>	
Age at last birthday <u>37</u>		Age at last birthday <u>31</u>	
Birthplace <u>Ireland</u>		Birthplace <u>Chelsea Township Wash. C Mich</u>	
Occupation <u>Rail Road Section Laborer</u>		Occupation <u>Home</u>	
Number of child of this mother <u>Seventh</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 <u>Apr 23, 190</u> , at <u>740 A.M.</u>			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.		(Signature) <u>Andros Gulde M.D.</u>	
Given or christian name added from a supplemental report <u>June 1, 190</u>		Date <u>Apr 23, 190</u> (Attending physician, midwife, father, etc.)	
Address <u>W. W. Beselachund</u>		Address <u>Chelsea Mich</u>	
Filed <u>Apr 25, 190</u>		Filed <u>Apr 25, 190</u> (Attending physician, midwife, father, etc.)	
REGISTRAR.		REGISTRAR.	

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of ChelseaRegistered No. 15
16Village of ChelseaCity of Chelsea(No. 1)St. WardFULL NAME
OF CHILDAlberta Ethelyn Hinans{ If child is not yet named, make
supplemental report, as directed.Sex of
child FemaleTwin,
triplet,
or other?{ Number
in order
of birthLegiti-
mate? YesDate of
BirthMay6Year
190

(Month) (Day) (Year)

FULL
NAME

FATHER

Elmer HinansFULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACECoa Burkhardt

RESIDENCE

COLOR
OR RACEChelsea Mich

BIRTHPLACE

OCCUPATION

Lima Township MichHousewife

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

JewelerNumber 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 May 6, 190, 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) Gus W PalmerDated May 8, 190(Attending physician, midwife, father, etc.) Gus W PalmerGiven or christian name added from a
supplemental report 190Address Chelsea MichFiled May 8, 190

W.W. Beselchmidt

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 <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of <u>Orchard</u>		RECORD OF BIRTH	
Village of <u>Chelsea</u>		16 117	
City of _____ (No. _____)		St; _____ Ward) _____	
FULL NAME OF CHILD <u>Lewis Andros Paine</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Male</u>	Twin, triplet, or other? <u></u>	To } and { Number of birth <u></u>	Legit-mate? <u>Yes</u> Date of Birth <u>May 8</u> (Month) <u>19010</u> (Day) <u>(Year)</u>
FATHER <u>Lewis Guy Paine</u>		MOTHER <u>Hannah Jackson</u>	
RESIDENCE <u>Chelsea Mich</u>	RESIDENCE <u>Chelsea Mich</u>		
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Chelsea Mich</u>	BIRTHPLACE <u>Geddes Mich</u>		
OCCUPATION <u>Breaking Horses</u>	OCCUPATION <u>Housewife</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* <u>Standard</u>			
I hereby certify that I attended the birth of above child, and that it occurred on <u>May 8, 19010</u> at <u>7 a.m.</u>			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.		(Signature) <u>Andros Gander M.D.</u>	
Given or christian name added from a supplemental report <u>190</u>		Dated <u>May 9 19010</u> (Attending physician, midwife, father, etc.) <u>W.H. Keeschmidt</u>	
Address <u>Chelsea Mich</u>		Filed <u>May 10, 19010</u> REGISTRAR <u>W.H. Keeschmidt</u>	
REGISTRAR		REGISTRAR	

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

Township of

Chelsea

Village of

or

City of

(No.)

RECORD OF BIRTH

Registered No.

17
18

to legally

St.; Chelsea WardFULL NAME
OF CHILDDrew Clara Penner(If child is not yet named, make
supplemental report, as directed.)Sex of
child FemaleTwin,
triplet,
or other?and { Number
in order
of birth }Legiti-
mate? YesDate of
BirthMay 20, 190
(Month) (Day) (Year)FULL
NAME

FATHER

Frederick Charles Julius Penner

RESIDENCE

Chelsea MichFULL
MAIDEN
NAME

MOTHER

Amelia A Schurman

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY39
(Years)AGE AT LAST
BIRTHDAY35
(Years)

BIRTHPLACE

Kendallville IndCOLOR
OR RACEWhite

OCCUPATION

Butter & Cheese Maker

BIRTHPLACE

Stockbridge Canada

OCCUPATION

HousewifeNumber of child of this mother 3Number 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 May 20, 190, at 1:30 P.M.

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

(Signature)

Geo W Palmer

Dated

May 31 190

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

Given or christian name added from a

supplemental report 190

Address

Chelsea Mich

Filed

June 1, 190W.H. Beeselchardt

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.

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		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of <u>Chelesaw</u> or Village of <u></u> or City of <u></u>		RECORD OF BIRTH	
		RECORDED <u>June 13, 1900</u>	
		REGISTERED <u>June 13, 1900</u>	
		RECORDED BY <u>W.H. Kesselchurdt</u>	
		REGISTERED BY <u>W.H. Kesselchurdt</u>	
Sex of child <u>Male</u>		Twin, triplet, or other? <u>No</u>	Number in order of birth <u>1</u>
FATHER		Legitimate? <u>Yes</u>	
FULL NAME <u>John Reule</u>		Date of Birth <u>June 10, 1900</u>	
RESIDENCE <u>Chelesaw Mich</u>		MOTHER	
COLOR OR RACE <u>White</u>		FULL MAIDEN NAME <u>Christina Frey</u>	
AGE AT LAST BIRTHDAY <u>40</u> (Years)		RESIDENCE <u>Chelesaw Mich</u>	
BIRTHPLACE <u>Germany</u>		COLOR OR RACE <u>White</u>	
OCCUPATION <u>Labor (Farm)</u>		AGE AT LAST BIRTHDAY <u>36</u> (Years)	
Number of child of this mother <u>Ninth</u>		BIRTHPLACE <u>Chelesaw Mich</u>	
		OCCUPATION <u>At Home</u>	
Number of children, of this mother, now living <u>Nine</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child, and that it occurred on <u>June 10, 1900</u> , at <u>115 P.M.</u>			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.		(Signature) <u>Andris Guelo</u>	
Given or christian name added from a supplemental report <u>June 12, 1901</u>		Dated <u>June 13, 1900</u>	
<u>W.H. Kesselchurdt</u>		Address <u>Chelesaw Mich</u>	
		Filed <u>June 13, 1900</u>	
		REGISTRAR.	

PLACE OF BIRTH

Washington

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Township of

Village of

City of

FULL NAME
OF CHILD

(No.)

St.;

Ward)

Sex of
child

Female

Twin,
triplet,
or other?

no

{ Number
in order
of birth }Legiti-
mate?

Yes

Date of
Birth

June

12

To 19

(Month)

(Day)

(Year)

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

Effie Armstrong

Chelsea Mich

COLOR
OR RACEAGE AT LAST
BIRTHDAY

93

(Years)

White

BIRTHPLACE

Chelsea Mich

OCCUPATION

Housewife (at Home)

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 12, 1900, 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.

(Signature)

Geo W Palmer

Dated

June 13, 1900

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report Sep 1 1900

W H Heselschwardt

Address

Chelsea Mich

Filed

June 14, 1900 W H Heselschwardt

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.

REGISTRAR.

REGISTRAR.

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

Form 220-6-08-2,000
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 WashtenawTownship of SylvanVillage of ChelseaCity of ChelseaFULL NAME OF CHILD Anna Marie Adrion

(No.)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 20

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 <u>1</u>	Legiti-mate? <u>Yes</u>	Date of Birth <u>July 1, 1916</u>
FULL NAME <u>John George Adrion</u>	MICHIGAN STATE			MOTHER <u>Anna Marie Marloch</u>	
RESIDENCE <u>Chelsea Mich</u>				RESIDENCE <u>Chelsea Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)				COLOR OR RACE <u>White</u>
BIRTHPLACE <u>Germany</u>				BIRTHPLACE <u>Chelsea Mich</u>	
OCCUPATION <u>Butcher</u>				OCCUPATION <u>Housewife (None)</u>	

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 1, 1916 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) G. W. PalmerDated July 1, 1916

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address Chelsea Michsupplemental report 190Filed July 14, 1916Date July 14, 1916Name W. W. Kirschner

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washington

Township of Sylvan

or Village of Chelsea

City of _____

(No. _____)

RECORD OF BIRTH

Registered No. 29

St. _____

Ward _____

FULL NAME
OF CHILD

Florence Marie Prossamle

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

Female

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

Yes

Date of
Birth

July 6, 1900

(Month)

(Day)

(Year)

FATHER

NAME

John Riversamle

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY46
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

Carpenter

MOTHER

NAME

Bessie Young

RESIDENCE

Chelsea Mich

BIRTHPLACE

Chelsea 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 6, 1900, 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. Bush

Dated July 15, 1900

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 190

Address Chelsea Mich

Filed July 15, 1900

W. H. Kressel church

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.

REGISTRAR.

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

County of WashtenawTownship of Sylvanor ChelseaVillage of or

City, of (No.) St; Ward)

FULL NAME OF CHILD

Elaine Brooks

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

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 23

Sex of child

Male

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

5

Legiti-
mate? Yes

Date of Birth

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

FULL NAME

FATHER

Howard Brooks

FULL MAIDEN NAME

MOTHER

Retta Kueber

RESIDENCE

Chelsea Mich

RESIDENCE

Chelsea Mich

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

31
(Years)

AGE AT LAST BIRTHDAY

32
(Years)

BIRTHPLACE

Chelsea Mich

BIRTHPLACE

Chelsea Mich

OCCUPATION

Contractor & Builder

OCCUPATION

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

July 14, 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 20, 1906

(Attending physician, midwife, father, etc.)

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

Filed

July 24, 1906 W. H. Kueberschmidt

PLACE OF BIRTH

County of Washington
 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. 23

St. _____ Ward) _____

FULL NAME
OF CHILDGertrude Gorman{ If child is not yet named, make
supplemental report, as directed.Sex of
childFemaleTwin,
triplet,
or other?NoNumber
in order
of birth2Legiti-
mate?YesDate of
BirthAug 2, 1900
(Month) (Day) (Year)FULL
NAME

FATHER

George Gorman

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Blackman Township Jackson Co

OCCUPATION

VeterinarianNumber of child of this mother ThirdFULL
MAIDEN
NAMEPearl Adell Shanks

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Reading Mich

OCCUPATION

At HomeNumber 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

Aug 2, 1900, at 9:05 A.M.

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

(Signature)

Andros Guelde M.D.Dated Aug 3, 1900

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

Given or christian name added from a

Chelsea Michsupplemental report Aug 6, 1901W.H. Neelichurch

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 Hartland
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____ (No. _____)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 24

St.; _____ Ward) _____

FULL NAME
OF CHILDCatherine Blanche Caulfield

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

Sex of
childFemaleTwin,
triplet,
or other?NoNumber
in order
of birth1Legiti-
mate?YesDate of
BirthAug 4, 1960

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Howard Ervin Caulfield

RESIDENCE

Chelsea MichCOLOR
OR RACEWhite

AGE AT LAST

BIRTHDAY 31

(Years)

BIRTHPLACE

Lyndon Township Was Co

OCCUPATION

Traveling SalesmanFULL
MAIDEN
NAME

MOTHER

Bella Francis Wilson

RESIDENCE

Chelsea MichCOLOR
OR RACEWhite

AGE AT LAST

BIRTHDAY 31

(Years)

BIRTHPLACE

At Home Jackson Mich

OCCUPATION

At HomeNumber of child of this mother SecondNumber 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

Aug 4, 1960, at 8 P.M. Strudel

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

(Signature) Andreas StrudelDated Aug 5, 1960

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report Sept 1961 W.H. KesselschmidtAddress Chelsea MichFiled Aug 6, 1960W.H. Kesselschmidt

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

County of WashtenawTownship of Sylvan
or
Village of Chelsea

City of _____

FULL NAME
OF CHILDArlet Marie Kantlehner{ If child is not yet named, make
supplemental report, as directed.Sex of
child

Female

Twin,
triplet,
or other?

Single

and
Number
in order
of birthLegiti-
mate?

Yes

Date of
BirthAug 6, 1960
(Month) (Day) (Year)FULL
NAME

FATHER

Carl KantlehnerFULL
MAIDEN
NAME

MOTHER

Ida Zeder

RESIDENCE

Chelsea Mich

RESIDENCE

Chelsea MichCOLOR
OR RACE

White

AGE AT LAST
BIRTHDAY34
(Years)COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Chelsea Mich

BIRTHPLACE

Abley Mich

OCCUPATION

Grocerman

OCCUPATION

Housewife

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

Aug 6, 1960, 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)

S J Bush

Dated

Aug 4, 1960

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

Given or christian name added from a

supplemental report

190

Address

Chelsea Mich

Filed

Aug 15, 1960

W H Kesselschmidt X

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 WashtenawTownship of Sylvania

or

Village of Celsea

or

City of _____

(No.)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 26

to begin

VALID

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

FULL NAME
OF CHILDRichard J BeisselSex of
childMaleTwin,
triplet,
or other?SingNumber
in order
of birth1Legiti-
mate?YesDate of
BirthAug 9, 1900

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Edward J Beissel

MOTHER

Ora Foster

RESIDENCE

Celsea Mich

RESIDENCE

Celsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY38

(Years)

AGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

Celsea Mich

BIRTHPLACE

Celsea Mich

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

Aug 9, 1900, 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) S G BushDated Aug 14, 1900

Physician

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

Given or christian name added from a
supplemental report 190Address Celsea MichFiled Aug 15, 1900M H Heselstrand

REGISTRAR

REGISTRAR

PLACE OF BIRTH

Washburn

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Township of

or

Village of

or

City of

FULL NAME
OF CHILD

Marjorie Howe

Sex of
child

Female

Twin,
triplet,
or other?

{ and }

{ Number
in order
of birth }Legiti-
mate?

Yes

Date of
Birth

Sep

15

(Month)

190

(Year)

FULL
NAME

FATHER

Thos R Howe

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY37
(Years)FULL
MAIDEN
NAME

MOTHER

Alice McGuire

BIRTHPLACE

Waterloo Mich

RESIDENCE

Chelsea Mich

OCCUPATION

Laborer

BIRTHPLACE

Dexter Township

OCCUPATION

Housewife

Number of child of this mother

5

Number 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

Sep 15, 1901, 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)

Gott Palmer

Dated

Sep 18 1901

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address

Chelsea Mich

supplemental report Jan 3 1901

W H Reselchmidt

Filed

Sep 18 1901

W H Reselchmidt

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
or
Village of Chelsea
or
City of _____

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

28

Registered No.

St; _____ Ward _____

FULL NAME
OF CHILDKenneth G HeiberIf 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?
YesDate of
BirthOct 1, 1900

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Ruben Freedon Heiber

RESIDENCE

Chelsea MichCOLOR
OR RACE

White

AGE AT LAST
BIRTHDAY 27
(Years)FULL
MAIDEN
NAME

MOTHER

Bessie C. Swarthout

RESIDENCE

Chelsea MichCOLOR
OR RACE

White

AGE AT LAST
BIRTHDAY 21
(Years)

BIRTHPLACE

Freedom Township

BIRTHPLACE

Chelsea Mich

OCCUPATION

Laborer

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 Oct 1, 1900, at 12:00 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 SuerdeDated Oct 3 1900

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report Nov 4 1900M. H. KeeschwardtAddress Chelsea MichFiled Oct 3, 1900 M. H. Keeschwardt

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

County of Hartland
Township of Sylvan
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 CHILD

Ruth F. Minerva Vogel

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

Female

Twin,
triplet,
or other?

Single

and
Number
in order
of birthLegiti-
mate?

Yes

Date of
BirthSep 25, 1900
(Month) (Day) (Year)FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

Lewis P. Vogel

Pearl Davis

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY37
(Years)AGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Chelsea

Chelsea

OCCUPATION

Pharmacist

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 Sep 16, 1900, 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.

(Signature)

S J Bush

Dated

Oct 3 1900

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address

Chelsea Mich

supplemental report Jan 10 1901

Filed

Oct 3 1900

W H Beeschenoff

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 Wexford
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of Lima (No.)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

RECORD OF BIRTHRegistered No. 30

St. _____ Ward _____

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

Sex of child <u>Male</u>	Twin, triplet, or other? <u>Sing</u>	Number in order of birth <u>2</u>	Legiti- mate? Yes	Date of Birth <u>Oct</u> (Month)	<u>2</u> , (Day) <u>1910</u> (Year)
FATHER			MOTHER		
<u>Edwin Butler</u>			<u>Mary Curtis</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>30</u> (Years)	
BIRTHPLACE <u>Lima Mich</u>			BIRTHPLACE <u>Chelsea</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		
Number of child of this mother <u>1</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

Oct 2, 1910, 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.

(Signature) S G BushDated Oct 17 1910

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report 190Address Chelsea ranchFiled Oct 12, 1910

W H Kesselschmidt

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WashtenawTownship of SylvanVillage of SylvanCity of Sylvan

(No.)

St.

Ward)

FULL NAME
OF CHILDBessie May Hoor{ If child is not yet named, make
supplemental report, as directed.Sex of
childTwin,
triplet,
or other?and
Number
in order
of birthLegiti-
mate?Date of
Birth

Oct

(Month)

13

(Day)

1900

(Year)

Female

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Michael HoorMary HaderChelsea MichWhiteWhite36ChelseaCarpenterChelseaHousewife

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 Oct 13, 1900, 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) S G BushDated Oct 21 1900(Attending physician, midwife, father, etc.) W H HeselichurrdGiven or christian name added from a
supplemental report.....Address Chelsea MichFiled Oct 21, 1900

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 _____ (No.) _____

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

Registered No. 3333St; _____ Ward) WardFULL NAME
OF CHILDRuth Cleaver Freeman

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

Sex of
childFemaleTwin,
triplet,
or other?SingleNumber
in order
of birthLegiti-
mate?
YesDate of
BirthNov3, 1960

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Chauncey Freeman

MOTHER

Bertha Schumaker

RESIDENCE

Chelsea

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY31
(Years)AGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Chelsea

BIRTHPLACE

Grass Lake

OCCUPATION

Merchant

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 Nov 3, 1960.at 2-9 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 5, 1960

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report 190Address Chelsea MichFiled Nov 5, 1960H. J. Koenig

REGISTRAR

REGISTRAR

REGISTRAR

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

391
33
33
St; _____ Ward _____

Registered No.

FULL NAME
OF CHILD Helen Margaret Holtzhauer

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

Sex of
child Female Twin,
triplet,
or other? No } and { Number
in order
of birth _____

Legiti-
mate? Yes Date of
Birth Nov 26, 190
(Month) (Day) (Year)

FATHER
FULL
NAME George Holtzhauer

RESIDENCE Chelsea Mich

COLOR
OR RACE White AGE AT LAST
BIRTHDAY 25
(Years)

BIRTHPLACE Dexter Mich

OCCUPATION Stationary Engineer

Number of child of this mother Second

MOTHER
FULL
MAIDEN
NAME Irene Eller Ryan

RESIDENCE Chelsea Mich

COLOR
OR RACE White AGE AT LAST
BIRTHDAY 22
(Years)

BIRTHPLACE Dexter Mich

OCCUPATION Housewife

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

Nov 26, 19010, at 240 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) Andros T. Selle

Dated Nov 30 19010

(Attending physician, midwife, father, etc.)

Address Chelsea Mich

Filed Nov 30 19010 W.H. Kirschbaum

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.

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 Chelsea
or
Village of Chelsea
or
City of

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. SGT

St. _____ Ward) _____

FULL NAME
OF CHILD

(No.)

Sex of
childMaleTwin,
triplet,
or other?Singand
Number
in order
of birthLegiti-
mate?YesDate of
BirthJan111901

(Month)

(Day)

(Year)

{ 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.....

_____ of _____

FULL
MAIDEN
NAME

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

MOTHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

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

_____ of _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of above child, and that it occurred on Jan 11, 1901 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.

(Signature) S G BushDated Jan 11 1901

(Attending physician, midwife, etc.)

Address Chelsea MichiganFiled Jan 11, 1901M H Kelschardt

Given or christian name added from a
supplemental report 190

PART D

REGISTRAR.

PART D

REGISTRAR.

PLACE OF BIRTH

County of WashtenawTownship of Chelsea
or
Village of Chelsea
orCity of Chelsea (No. 18)FULL NAME
OF CHILD

(No.)

Sex of
childMaleTwin,
triplet,
or other?Singe } and { Number
in order
of birthLegiti-
mate? YesDate of
BirthJan 23, 1901

(Month) (Day) (Year)

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

FATHER

NAME

Augustus L. Steger

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 33
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

DentistNumber of child of this mother 21

MOTHER

NAME

Elizabeth Breitenbach

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY 36
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

HousewifeNumber 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 Jan 23, 1901, 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.

Given or christian name added from a

supplemental report 190

(Signature)

Dated Feb 1, 1901

(Attending physician, midwife, father, etc.)

Address Chelsea MichFiled Feb 1, 1901

(Attending physician, midwife, father, etc.)

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 WashtenawTownship of or Chelsea
Village of or
City of (No., St.; Ward)STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 36

FULL NAME OF CHILD

Robert James

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

Sex of child

Male

Twin,
triplet,
or other?

Single

and Number
in order
of birthLegiti-
mate?

Yes

Date of Birth

January, 31, 1901

(Month)

(Day)

(Year)

FULL NAME

FATHER

Albert Cisele

RESIDENCE

Chelsea Mich

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

36 (Years)

BIRTHPLACE

Germany

OCCUPATION

Machinist—Screw Machine Works

Number of child of this mother Seven

FULL MAIDEN NAME

MOTHER

Wilhelmina M. Koch

RESIDENCE

Chelsea Mich

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

36 (Years)

BIRTHPLACE

Germany

OCCUPATION

Housewife

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 Jan 31, 1901, at 1:30 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)

Dated Feb 2 1901

Address

Filed Feb 3rd, 1901

Andreas Gude

(Attending physician, midwife, father, etc.)

Physician

W.H. Kesselschmidt

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of WashtenawTownship of or
Village of Chelsea
City of _____Registered No. 47FULL NAME
OF CHILDVerdal Merle Keschschwendt{ If child is not yet named, make
supplemental report, as directed.Sex of
child
FemaleTwin,
triplet,
or other?{ and
Number
in order
of birth1stLegiti-
mate?
YesDate of
Birth
Jan

3

, 1901
(Month) (Day) (Year)FULL
NAMELewis Keschschwendt

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY
(Years)21

BIRTHPLACE

Sylvan Township

OCCUPATION

Labor

Number of child of this mother

1stFULL
MAIDEN
NAMEMollie Patrick

MOTHER

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY
(Years)

18

BIRTHPLACE

White Oak Mich

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

Jan 3, 1901, at 7:15 P.M.

(Signature)

Dated

Jan 9 1901A. W. Schmidt

Physician

(Attending physician, midwife, father, etc.)

Address

Chelsea MichFiled Feby 3rd 1901W. H. Keschschwendt

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 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 _____

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 5

St. _____ Ward _____

FULL NAME
OF CHILD Iva. I. Kantlemer

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

Sex of child <u>Female</u>	Twin, triplet, or other? <u>No</u>	Number in order of birth <u>2</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feby 7</u> (Month) <u>1901</u> (Year)
FATHER <u>George Kantlemer</u>		MOTHER <u>Ella D Bagge</u>		
RESIDENCE <u>Chelsea Mich</u>			RESIDENCE <u>Chelsea Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Chelsea Mich</u>			BIRTHPLACE <u>Wamego Kansas</u>	
OCCUPATION <u>Contractor & Builder</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother 1/51Number 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 Feby 7, 1901, at 2:30 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) Audres GuldeDated Feby 9 1901

(Attending physician, midwife, father, etc.)

Address ChelseaFiled Feby 17, 1901

W. H. Roselschmidt

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH
County of Washtenaw
RECORDED

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

RECORD OF BIRTH

Township of _____
or Village of Chelsea
or City of _____

FULL NAME
OF CHILD

(No.)

Registered No. 6
St. _____ Ward) _____

Sex of child Male Twin, triplet, or other? No } Number { in order of birth

Legiti-
mate? Yes

Date of Birth Feby 8
(Month) 1901 (Day) 1901 (Year)

FULL NAME FATHER

Hos. Tait

MOTHER

Matilda Mayer

RESIDENCE

Chelsea Mich

RESIDENCE

Chelsea Mich

COLOR OR RACE AGE AT LAST BIRTHDAY 37 (Years)

White

COLOR OR RACE AGE AT LAST BIRTHDAY 31 (Years)

White

BIRTHPLACE

Kaloden Maine

BIRTHPLACE

Freedom Mich

OCCUPATION

Thrasher

OCCUPATION

Housewife

Number of child of this mother 3rd

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 Feby 8, 1901, at 12 A.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 Feby 11 1901 (Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report Mar 6 1901

W H Reschard

Address Chelsea Mich

Filed Feby 17 1901 (Attending physician, midwife, father, etc.)

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.

Send to County Clerk Feb 14-1911 In order of birth, stated.

PLACE OF BIRTH

County of Washtenaw

Township of

Chelsea

or

Village of

or

City of

George Lincoln

No.

St. Staffau, Ward) 7FULL NAME
OF CHILDSex of
childMaleTwin,
triplet,
or other?NoNumber
in order
of birth1

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 7St; Ward){ If child is not yet named, make
supplemental report, as directed.

FULL NAME	PATER		FULL MAIDEN NAME	MOTHER
<u>Evo P. Staffau</u>			<u>Mae L Wood</u>	
RESIDENCE	<u>Chelsea Mich</u>		RESIDENCE	<u>Chelsea Mich</u>
COLOR OR RACE	White	AGE AT LAST BIRTHDAY	White	AGE AT LAST BIRTHDAY
BIRTHPLACE	<u>Chelsea Mich</u>		BIRTHPLACE	<u>Chelsea Mich</u>
OCCUPATION	<u>Undertaker</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

Feb 12, 1911 at 12:30 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 July 3 1901Doctor Cooper(Signature) Geo W PalmerDated Feb 16 1911

(Attending physician, midwife, father, etc.)

Address Chelsea MichFiled Feb 17, 1911 W.H. Keeschark

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH
County of Washington

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

Township of _____
or
Village of Chelsea
or
City of _____

(No. _____)

St.; _____ Ward _____
Registered No. 8

FULL NAME OF CHILD MafWaudby

{ 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 _____	Legiti-mate? <u>Yes</u>	Date of Birth <u>4</u> , <u>14</u> , <u>1961</u>
----------------------------	--------------------------------	--------------------------------------	-------------------------	--

FULL NAME <u>Clarence G. Waudby</u>	FATHER			MOTHER <u>Mary E. Brady</u>
-------------------------------------	--------	--	--	-----------------------------

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

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

BIRTHPLACE <u>Jackson Mich</u>				
--------------------------------	--	--	--	--

OCCUPATION <u>MacLanest</u>				
-----------------------------	--	--	--	--

Number of child of this mother <u>Two</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

April 14, 1961, 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

Dated 4/14 1961 Physician

Address Chelsea Mich

Filed April 18 1961 Hector Cooper

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.

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 _____STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 9

St; _____ Ward) _____

FULL NAME
OF CHILDElvira Ward Barth{ If child is not yet named, make
supplemental report, as directed.Sex of
childMale Twin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate? YesDate of
BirthApril, 20, 1911
(Month) (Day) (Year)FULL
NAME

FATHER

Geo. E. Barth

RESIDENCE

Chelsea Mich

MOTHER

Rose Bella WardCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Sylvan Twp. Wash-Co.

OCCUPATION

FarmerNumber of child of this mother FirstFULL
MAIDEN
NAME

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

Housewife Over

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 April 20, 1911, 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.

(Signature)

Dated April 22, 1911

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report 190

REGISTRAR.

Address

Filed

Chelsea Mich
April 23, 1911 Hector Cooper

REGISTRAR.

PLACE OF BIRTH

Washington

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

County of

Township of

Chelsea

or

Village of

or

City of

FULL NAME
OF CHILD

(No.)

Doris Samp

Registered No.

10

St.; Ward)

{ If child is not yet named, make
supplemental report, as directed.Sex of
childTwin,
triplet,
or other?Single } and { Number
in order
of birthLegiti-
mate? YesDate of
Birth April 23, 1901
(Month) (Day) (Year)FULL
NAME

FATHER

Herman Samp

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY 34
(Years)FULL
MAIDEN
NAME

MOTHER

Esther Self

RESIDENCE

Chelsea

BIRTHPLACE

Detroit Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY 30
(Years)

OCCUPATION

Labour in Ball Braying
3

BIRTHPLACE

Sharon Twp. Wash. Co.

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

April 23, 1901, 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)

S. G. Bush M.D.

Dated

April 29, 1901

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

Address

Chelsea Mich

Filed

April 30, 1901

Hector Cooper

Given or christian name added from a
supplemental report 190

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.

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

Registered No. 11

Township of Chelsea
or
Village of Chelsea
or
City of _____

(No.)

St.; 7 Ward)FULL NAME
OF CHILDFrank Calvin Schlicht{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?{ Number
in order
of birthLegiti-
mate? yesDate of
BirthApril 26, 1901
(Month) (Day) (Year)FULL
NAME

FATHER

Frank Stanley Schlicht

MOTHER

FULL
MAIDEN
NAMELouise May Thompson

RESIDENCE

Chelsea

BORN IN

COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY26
(Years)AGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Denton, Mich

BORN IN

OCCUPATION

Machinist

BORN IN

Number of child of this mother

7

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 April 26, 1901, at 130 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. DeGroot, M.D.
Attending Physician

Dated

190

(Attending physician, midwife, father, etc.)

Address

Chelsea

Filed

April 30, 1901H. E. Cooper

Given or christian name added from a
supplemental report 190

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

County of Washtenaw

Township of

Chelsea

or

Village of

or

City of

(No.)

FULL NAME
OF CHILDRaymond Joseph LisebeckIf child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?and
Number
in order
of birthLegiti-
mate?Date of
BirthMay 3
(Month) (Day) (Year)FULL
NAME

FATHER

John Lisebeck

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY.....38
(Years)

BIRTHPLACE

Chelsea

OCCUPATION

DraymanFULL
MAIDEN
NAME

MOTHER

Nora Miller

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY.....34
(Years)

BIRTHPLACE

Chelsea

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

May 3, 1901, 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 May 11, 1901 Physician

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

Given or christian name added from a
supplemental report 190Address ChelseaFiled May 11, 1901 Hector Cook

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 Washington

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Township of

or

Village of

or

City of

(No.)

Registered No. 103St; Ward) FULL NAME
OF CHILDWalter Hiram Soules

{ 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
BirthMay 8, 1914
(Month) May (Day) 8 (Year) 1914FULL
NAME

FATHER

William W. Ayer Soules

RESIDENCE

Chilson MichFULL
MAIDEN
NAME

MOTHER

Nellie A. BarryCOLOR
OR RACEWhite

AGE AT LAST

BIRTHDAY

(Years)

AGE AT LAST

BIRTHDAY

(Years)

BIRTHPLACE

MichiganCOLOR
OR RACEWhite

BIRTHPLACE

Michigan

OCCUPATION

Moulder

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 May 8, 1914, at 11:30 A.M.

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

(Signature)

Andrus GuldinDated May 9, 1914Physician

(Attending physician, midwife, father, etc.)

Address

Chilson Mich

Filed

May 11, 1914Hector CooperGiven or christian name added from a
supplemental report 190

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN
Washkewaw

County of

Township of

or

Village of

or

City of

(No.)

FULL NAME
OF CHILD

Helen May Foster

Registered No.

14

St.; Ward)

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

single

Number
in order
of birthLegiti-
mate?

Yes

Date of
Birth

May

8

(Month)

1961

(Day)

Year

FULL
NAME

FATHER

John Foster

RESIDENCE

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY
(Years)

BIRTHPLACE

Anderson Ind

OCCUPATION

Stone Mason

FULL
MAIDEN
NAME

MOTHER

Mary Balie

RESIDENCE

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY
(Years)

BIRTHPLACE

Kokomo Ind

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

May 8, 1961, 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.

(Signature)

S. G. Bush

Dated

May 16, 1961

Physician

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

Given or christian name added from a

supplemental report June 24 1961

Hector Cooper

Address

Chelsea

Filed

May 22, 1961

Hector Cooper

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.

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

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 10

Township of Chelsea
Village of Chelsea
City of _____

(No. _____)

St. _____ Ward) _____

FULL NAME
OF CHILDMargaret Vern Welch

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

Sex of
child FemaleTwin,
triplet,
or other? Singl } and { Number
in order
of birthLegiti-
mate? yesDate of
Birth May(Month), 13, 1901 (Year)(Day) 1901 (Year)FULL
NAME

FATHER

Earnest Ausel Welch

RESIDENCE

ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY 39
(Years)

BIRTHPLACE

Michigan

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Eva J. Welling

RESIDENCE

ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY 32
(Years)

BIRTHPLACE

Michigan

OCCUPATION

HousewifeNumber of child of this mother 10Number of children, of this mother, now living 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on May 13, 1901, 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 23, 1901Address Chelsea

(Attending physician, midwife, father, etc.)

Dr. J. G. WoodsPhysician

Given or christian name added from a

supplemental report 190Filed May 24, 1901

Hector Cooper

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

County of WashtenawTownship of Chelsruga
or
Village of Chelsruga
or

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

FULL NAME OF CHILD LaVerne H. Foster

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

Sex of child Male Twin, triplet, or other? Singl } and { Number in order of birth 1Legiti- mate? Yes Date of Birth May 31 (Month) 1941 (Year) (Day)

FATHER

Harry Edward Foster

RESIDENCE

Chelsruga Mich

COLOR OR RACE

white

AGE AT LAST BIRTHDAY

27 (Years)

MOTHER

Mabellyn N. Rover

RESIDENCE

Chelsruga Mich

COLOR OR RACE

white

AGE AT LAST BIRTHDAY

21 (Years)

BIRTHPLACE

Chelsruga Mich

BIRTHPLACE

Henrietta Mich

OCCUPATION

Plumber

OCCUPATION

At Home

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

May 31, 1941 at 9:30 AM

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

(Signature)

Andrus Gylder MDDated June 2 1941PhysicianGiven or christian name added from a
supplemental report 190

Address

Chelsruga MichFiled June 3, 1941Hector Cooper

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.

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 Washkewaw

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 17

Township of

or

Village of

or

City of

(No.)

St;

Ward)

FULL NAME
OF CHILD

Gladys Lillian Steiner

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

Sex of child	Twin, triplet, or other?	Single	Number in order of birth	Legitimate?	Date of Birth	May 26, 1941
Female				Yes	(Month)	(Year)

FATHER

FULL NAME	Guy Steiner
RESIDENCE	Cheslea
COLOR OR RACE	White

MOTHER

FULL MAIDEN NAME	Lillian Wagner
RESIDENCE	Cheslea
COLOR OR RACE	White

BIRTHPLACE	Parma Mich
OCCUPATION	Laborer

BIRTHPLACE	Jackson Mich
OCCUPATION	At Home

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

May 26, 1941, at 3:45 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 May 29, 1941

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 190

Address

Cheslea Mich

Filed June 3, 1941

Hector Cooper

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Washtenaw

Township of

or

Village of

or

City of

(No.)

RECORD OF BIRTH

Registered No. 18

St. _____ Ward)

FULL NAME
OF CHILDElmer FaberIf child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?n

To

and

{ Number
in order
of birthLegiti-
mate?Date of
BirthMay 30

(Month)

11

(Day)

1961

(Year)

FULL
NAME

FATHER

William Faber

RESIDENCE

Chelsea Mich

MOTHER

COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY30
(Years)AGE AT LAST
BIRTHDAY34
(Years)

BIRTHPLACE

Seneca Co Ohio

BIRTHPLACE

Marshall Mich

OCCUPATION

Labour

OCCUPATION

Housewife

Number of child of this mother

Faber

Number 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 May 30, 1961, 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.

(Signature)

H. W. SchmidtDated June 9 1961

(Attending physician, midwife, father, etc.)

Physician

Address

Chelsea MichFiled June 10, 1961Hector CooperGiven 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.

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 Washington

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

STATE OF MICHIGAN

RECORD OF BIRTH

Township of

or

Village of

or

City of

(No.)

St.:

Ward)

Registered No. 19

FULL NAME
OF CHILD

Willis Fred Mockel

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

Sex of
child

Male

Twin,
triplet,
or other?

No

} and
Number
of birth

Legiti-
mate?

yes

Date of
Birth

June 17, 1961

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Alverno E. Mockel

FULL
MAIDEN
NAME

MOTHER

Anna E. Faisst

RESIDENCE

Chearsa Mich

RESIDENCE

Chearsa Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

25
(Years)

BIRTHPLACE

Watervliet Twp Jackson Co

BIRTHPLACE

Watervliet Twp Jackson Co

OCCUPATION

Teamster

OCCUPATION

At Home

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

June 17, 1961 at 6:30 A.M.

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

(Signature)

Dr Andrus Gulde

Dated June 17, 1961

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

Address

Chearsa Mich

Filed

June 25, 1961 Hector Cooper

Given or christian name added from a
supplemental report Oct 9 1961

Hector Cooper

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

Township of

or

Village of Chelsea

or

City of

FULL NAME
OF CHILDEdith Sidney BakewellRegistered No. 20Sex of
childMaleTwin,
triplet,
or other?Singland
Number
in order
of birthLegiti-
mate?YesDate of
BirthJune

(Month)

11

(Day)

1961

(Year)

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

FATHER

Sidney BakewellFULL
MAIDEN
NAME

MOTHER

Nellie Mancell

RESIDENCE

Chelsea

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY.....22
(Years)AGE AT LAST
BIRTHDAY.....21
(Years)

BIRTHPLACE

England

BIRTHPLACE

New Boston Mich

OCCUPATION

Craftsman

OCCUPATION

HousewifeNumber 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 June 11 1961, 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. BushDated June 20 1961

Physician

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report 190Address ChelseaFiled June 24, 1961

Hector Cooper

REGISTRAR.

REGISTRAR.

WRITE PLAINLY, WITH UNFADEING 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.