STATE OF MICHIGAN

Department of State-Division of Vital Statistics

REGISTER OF BIRTHS

PUBLIC ACT NO. 330 OF 1905

From Mile J. 198 to Magnet Secretary of State.

From Mile J. 198 to Magnet Secretary of State.

From Mile J. 198 to Magnet Secretary of State.

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

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.

RECORD OF BIRTH Township of Village of City of (No. FULL NAME OF CHILD Sex of Date of Legitiin order child Birth or other? (Month) FATHER FULL FULL MOTHER NAME MAIDEN NAME RESIDENCE RETURN RESIDENCE birth, COLOR AGE AT LAST COLOR OR RACE BIRTHDAY ... OR RACE of BEPARATE (Years) BIRTHPLACE BIRTHPLACE 5 OCCUPATION OCCUPATION Number of child of this mother Number of children, of this mother, now living CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* * When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. Dated. Given or christian name added from a supplemental report 190

REGISTRAR.

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

Registered	No. 2/	710
G.		20 7

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

(Day) (Year)

AGE AT LAST BIRTHDAY

I hereby certify that I attended the birth of above child	d, and that it occurre	ed on 1111 /5, 19	6/ at / A, M
	18 /	7//1	

(Attending physician midwife, father, etc. *)

REGISTRAR.

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

in order of birth, stated.

County of Washitman	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Olethora Village of Olethora	Registered No. 23
FULL NAME Masgasetta M.	St.; Ward oluloch { If child is not yet named, mak supplemental report, as directed
Sex of Twink triplet, or other? and { Number in order of birth	Legitimate? (Month) Date of Birth (Month) (Day) (Year
Michael Moterlock	MAIDEN MOTHER MOTHER MAIDEN MENUIS Sefacker
RESIDENCE Chirlising	RESIDENCE Celestises
OR RACE White AGE AT LAST 43 BIRTHDAY (Years)	COLOR AGENTIAST 2
BIRTHPLACE Clerbeg	BIRTHPLACE Holf Mechigan
OCCUPATION Farmer	occupation Housewife POTATUSS
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENT I hereby certify that I attended the birth of above chi	DING PHYSICIAN OR MIDWIFE*
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. Dated MA	he 6 rod Phipician
Given or christian name added from a	Chelses
supplemental report 190 Address Filed for Filed for Registrans.	ly 11, 1961 Acctor Cooper

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PLACE OF BIRTH

County of June 100338	rtment of StateDivision of Vital Statistics RECORD OF BIRTH	B.—In
Township of Village of Christa	Registered No. 2 9	WRITE
City of (No,	St.;Ward)	1 THE
OF CHILD Virginia Merican	Barbour [If child is not yet named, make supplemental report, as directed.	M.A.
Sex of child Fentals Twin, triplet, or other?	Legilimate? (12) Date of July 22 Market (Year)	AARG, WITH
Glann H. Barbour	MADEN EMMIG M. Rock	B. S. Z.
RESIDENCE Clarelong	RESIDENCE Colleges	ADING I
OR RACE White BIRTHDAY (Years)	OR RACE White BIRTHDAY 23 (Years)	EVED FO
Matherston Mich	Ling Trop. Wash, Co.	THIS IS STATED.
Barber	OCCUPATION at Homer	" "
Number of child of this mother	Number of children, of this mother, now living	BINDIN De made for
CERTIFICATE OF ATTENDIN	NG PHYSICIAN OR MIDWIFE	MANE
I hereby certify that I attended the birth of above child,	and that it occurred on M. at M.	The same of the sa
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	audrus egaldu	T RECO
Given or christian name added from a	Attending physician, podwife, father, etc.*)	ORD.
supplemental report 190 Address	1911 it dient frent	of each
Piled Piled	1991 FILLIO CO BAN REGISTRAR.	p,

Township of Villageo City of (No. FULL NAME OF CHILD Sex of Legitiin order child mate? or other? FATHER FULL FUL NAME MAREN NAME stated. RESIDENCE RESIDENCE birth, COLOR AGE AT LAST COLOR BIRTHDAY. OR RACE OR RACE of BIRTHPLACE BIRTHPLACE 9 OCCUPATION OCCUPATION Number of child of this mother CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFT I hereby certify that I attended the birth of above child, and that it occurred on. * When there was no attending physician or midwife, then the father, householder, (Signature etc., should make this return. See instructions on back. Dated. Given or christian name added from a Address supplemental report 190. Filed

STATE OF MICHIGAN Department of State--Division of Vital Statistics RECORD OF BIRTH Registered No. Ward) If child is not yet named, make supplemental report, as directed. Date of Birth. (Month) (Day) (Year) MOTHER AGE AT LAST BIRTHD AY. (Years) Number of children, of this mother, now living. Attending physician, midwif

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN Department of State--Division of Vital Statistics RECORD OF BIRTH Registered No. If child is not yet named, make supplemental report, as directed. Date of 0 (Month) (Day) (Year) MOTHER

> BIRTHD AY. (Years)

AGE AT LAST

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

REGISTRAR.

STATE OF MATRIE OF MATRIE	STATE OF MICHIGAN TO STATE Department of StateDivision of Vital Statistics
County of VV a Starta and	RECORD OF BIRTH
Township of Colorlstq	Registered No. 30
City of (No	St;Ward)
FULL NAME Richard Ch	(as. / oous (If child is not yet named, make supplemental report, as directed.
Sex of child Male triplet, or other? Surges and Stumber in order of birth	Legill- US Birth (Month) (Day) (Year)
Robert Bruce / Yours	PULL MAIDEN AMERICA Surpard
RESIDENCE Coleressa	RESIDENCE Colinlary
COLOR OR RACE White BIRTHDAY (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE Watson, Pa.	BIRTHPLACE VENICE Olio
Manager Cement Pla	occupation Housewife
Number of child of this mother	Number of children, of this mother, now living
	NDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above	child, and that it occurred on day 1, 1961, at 4, 4 M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	ugg 7 19d1 Physician
Given or christian name added from a	Chilsea (Attending physicism, midwife, father, etc.*)
supplemental report 190 Filed	Eugzy 1961 Hector Cooper

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

in order of birth, stated.

PLACE OF BIRTH HOLM	STATE OF		MICHIGAN DATE IVISION OF VITAL Statistics
County of Westernam	RECORD	RECORD	American St. W. W. Marketon
Township of Village of Clitchia			Registered No. 3/
City of (No		- AM	St;War
FULL NAME Myster M	arir Ha	gadni	{ If child is not yet named, ma { supplemental report, as directe
triplet, 200 and	Number in order of birth	Legiti- mate? ### Date of Birth	(Morth) (Day) (Yea
Robert J. Haga	/ WEERAM	MAIDEN Mabel	M. Foster
RESIDENCE Chelsea	15 resident	RESIDENCE Lo luri	Isra
OR RACE White BIRTHDAY		OR RACE White	AGE AT LAST 23 BIRTHDAY (Years)
BIRTHPLACE Walty Mich	D-12	BIRTHPLACE	el Mich.
OCCUPATION Carpenter	Manamaso	occupation of	Longe HOLTAHUDO
Number of child of this mother Hist	Z Asuzarbiik: Tu radouit	Number of children, of this mother,	now living Cour
CERTIFICATE	OF ATTENDING	PHYSICIAN OR MID	WIFE*
I hereby certify that I attended the birth	of above child, ar	nd that it occurred on 4	ug 25 1901 at 11,05/2
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	(Signature)	Gudrus 9	Pulda
Given or christian name added from a	Address		g physician, midwife, father, etc.*)
supplemental report190	Filed aug	29 rod/ H	ctor Cooper
HARTEON REGISTRAR.		AASTEIG	REGISTRAR.

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County of Washteraw.	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
Township of Shelsea Village of Shelsea	RECORD OF BIRTH Registered No. 33
City of (No. FULL NAME Harold High	Mau St; Ward
Sex of child Male Twin, triplet, or other? } and {Number in order of birth	Legitimate? Date of Sept 1/3 % 196/ (Month) (Day) (Year)
Hugh Higham	FULL MOTHER OVE day
RESIDENCE J Chelsea,	RESIDENCE Chelsea.
OCOLOR OR RACE AGE AT LAST BIRTHDAY(Years)	
Old England	OCCUPATION 2 -
Number of child of this mother 2 mfl	Number of children, of this mother, now living two
CERTIFICATE OF ATTENDED I hereby certify that I attended the birth of above child	ing Physician or Midwife* d, and that it occurred on Sept/3190 at// 8Pm
or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	Geo. M. Palmer.
Given or christian name added from a supplemental report 1962 Address	6 helsea (Attention physician, midwife, father, etc. +)
Healer Coeper Filed Sy	et 13, 1961 Sector Cooper

case of more than one child at a birth, a SEPARATE RETURN must be

in order of birth, stated.

of each,

STATE OF MITTIE OF MATERIA TO STATE	STATE OF MICHIGANIE TO MOALE
County of Washtenaur Depar	REGORD OF BIRTH
Township of O	Registered No. 3 4
Village of The Sea	A STREET TO THE PROPERTY OF TH
City of (No,	
FULL NAME (1da Vost Ham)	{ If child is not yet named, make supplemental report, as directed.
Sex of Final Twin, triplet, or other? Lugh and Sumber of birth	Date of Supt 118h (Month) (Day) (Year)
Seorge & Hamp.	MOTHER LOCALS
RESIDENCE Chelsea mid	RESIDENCE Chelsea. mich
COLOR PLUTE AGE AT LAST 2 4. (Years)	OR RACE White AGE AT LAST 28 BIRTHDAY (Years)
BIRTHPLACE Fulton Co. Ohio	BIRTHPLACE Lina Jovon. mich
Black smith	House Kreper
Number of child of this mother 3 79	Number of children, of this mother, now living Theel.
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of above child,	and that it occurred on the state of the sta
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	11/1901 Physician
Given or christian name added from a	(Attending physician, midwife, father, ope.*)
supplemental report 190 Address Filed St. D.	+11 19d Hector Cooper
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made for each, and the number

County of Washleran	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of A LAND AND THE TO GROOM	RECORD OF BIRTH
Township of Chelsea.	Registered No. 3 5
or	42
City of (No,	St;Ward
OF CHILD Dorothy Olivie	Ury - {If child is not yet named, make supplemental report, as directed
Sex of female triplet, triplet, child female or other?	tegiti- mate? yes Date of aug - 27 h Birth (Month) (Day) (Year
FULL FATHER Arviva Lerry Terry	FULL MAIDEN Blanch, Perrine
RESIDENCE Chelsea mich	RESIDENCE Chelsea mich
or race white BIRTHDAY 20 (Years)	COLOR OR RACE SHITTED AGE AT LAST SHITTED AY. (Years)
Wood stock Townin	Grand Rapids mic
Laborer. I	House Keeper.
Number of child of this mother 2 nd	Number of children, of this mother, now living July
CERTIFICATE OF ATTENDIT	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child,	and that it occurred on aug. 27, 19d/ at 745am
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	H. W. Schmidt
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 190 Address	Chelsea mich
Filed July	1 11 1901 Hickor Ceoper
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A SEPARATE RETURN must

case of more than one child at a birth,

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in order of birth, stated.

PLACE OF BIRTH	STATE OF N		MICHIGAN ivision of Vital Statistics
County of Nashuruan	RECORD OF		OF BIRTH
Township of or Village of Chillsia		-	Registered No. 37
	(No	(No.	St.;Ward
FULL NAME Stepler	u Ges	Colark	If child is not yet named, maked supplemental report, as directed
Sex of Male triplet, or other?	and {Number in order of birth	Legiti- Mate of Birth	Sept. 27, 196/ (Moorth) (Day) (Year
FULL PATHER OF CO. CO.	lask	FUEL MAIDEN MANY	a Clark
RESIDENCE Columbia	9 3311951851	RESIDENCE Color	elsea
OR RACE White BIRTHD		OR RACE White	AGE AT LAST (Years)
BIRTHPLACE Sylvan Trops	Mich.	BIRTHPLACE	Trop Mich
apriator on automa	tic Machine	occupation More	4
Number of child of this mother 2 119	Sand M. audolida to hedmak	Number of children, of this mother,	now living Trub
CERTIFICATI		G PHYSICIAN OR MID	Subtran 610
*When there was no attending physician or midwife, then the father, householder etc., should make this return. See in structions on back.	n (Signature)	The sol	aluer Plus seciau
Given or christian name added from	a		g physician, midwife, father, etc.*)
supplemental report 190.	Address Filed	129 w H	ctor Cooper

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PLACE OF BIRT

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STATE OF MICHIGAN TO TO A

PLACE OF BIRTH first on County of Mashtreau	STATE OF MICHIGAN Department of State-Division of Vital Statistics
County of Masultuaus 30 090338	RECORD OF BIRTH
Township of Village of Chilsea	Registered No. 39
City of (No.	.,
PULL NAME Lawrence H.	Oestrelr [If child is not yet named, supplemental report, as dire
Sex of triplet, Lugh and Sumber in order or other?	Legitimale? Ses Date of Oct. 12, 196 (Month) (Day)
FULL PATHER OLSTULE	FULL MOTHER MOTHER PRITSURA
RESIDENCE Chelsea	RESIDENCE Janvil
or race White Age at Last 16	
Salve Trop Washtream	Ce, BIRTHPLACE Jackson Mich
Laborri Laborri	occupation fourtwife
Number of child of this mother 3	Number of children, of this mother, now living 3
I to the second second	ending Physician or Midwife* child, and that it occurred on Oct 12, 1961, at 2 A.
*When there was no attending physician	are) Byrn Defrudsy
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report190Address	Det 21 the
Filed G	aci di 1961 - Tran Cooper

supplemental report

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Township of	1 - 1 2
Village of Courses	Registered No.
City of OST6	wai
FULL NAME OF CHILD Jours .	Ging one {If child is not yet named, m
Sex of child Male Twin, triplet, or other? Twight and Stumber in order of birth	Legifi- mate? YES Date of 100, 190/
FATHER SILVER BILLER	MAIDEN Ligarda De Corsavis
Chelsen	RESIDENCE Charles
or race White AGE AT LAST BIRTHDAY (Years)	OR RACE White AGE AT LAST 23 BIRTHDAY (Years)
I faly	BIRTHPLACE Stales
Ball grinder in Factor	OCCUPATION Mover
Number of child of this mother Third	Number of children, of this mother, now living
CERTIFICATE OF ATTEN	bild, and that it occurred on 2001, 1, 1961, at 2, 12, 1
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	A Character of the man and war or and water
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 100.1411963 Address	10 1141141

B .- In case of more than one child at a birth, a SEPARATE RETURN must

in order of birth, stated.

made for each, and the number

of each,

PLACE OF BIRTH M TO STATE	STATE OF MICHIGAN TO STATE artment of State-Division of Vital Statistics
County of Washelman	RECORD OF BIRTH
Township of	to you anwo'T
Village of Collet See	Registered No.
or City of (No	St.;Ward)
FULL NAME Mary Virginia	Merela [If child is not yet named, make supplemental report, as directed.
Sex of Jewalk Twin Large and (Number in order of birth	Legitl- 4E Date of Mol , 18 (Year) (Month) (Day) (Year)
NAME WWW IN lerelen	
Chilsea	RESIDENCE COURSES
OR RACE White SIRTHDAY (Years)	COLOR OR RACE White BIRTHDAY (Years)
Distribos, Mich	BIRTHPLACE Coliebry
Blacksmith	Jousewife .
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDI	ING PHYSICIAN OR MIDWIFE*
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	18 1961 Physician
Given or christian name added from a	Colebea
supplemental report 190 Filed/Luv	18 , 1941 Hictor Compre
BEGISTEAD	// REGISTRAR.

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Manus Maria	MINIS 40	090038		RECORD OF	BIRTH	
Township of	lace				Registered No	43
Village of Colice	corq.			-77	registered No	109
City of	(N	o,		OYO.	St.:	, to
FULL NAME	.1. 1		0.1	1	e il e	THE S. P.
OF CHILD	Muglin	1	uly	andri	If child is not supplemental	yet name
Sex of /	Twin,	(Kumber (1 0	Date of 1	17 0	0
child Male	triplet, or other? and	in order of birth	Legiti-	Birth_/	00 ,1	2,1
FULL	FATHER	ALC.	FULL	мот)ay)
NAME (110/11)	. Olen	ands!	MAIDEN NAME MA	11 6	M. ma	Po-
RESIDENCE /	a congre	enuvo	RESIDENCE	un Co	mulle.	Woll
106	4/180		1	Clist	11	
COLOR OLL	AGE AT LAS		COLOR	1 day	AGE AT LAST	11
OR RACE White	BIRTHDAY	(Years)	OR RACE WILL	its	BIRTHD AY	(Years)
BIRTHPLACE COL	lien V	11'/	BIRTHPLACE /	11	/	1
OCCUPATION	riseu	ucu		ruou	muc	4
Dins	10stiven	Magn	OCCUPATION	111	lome	HOITA
The court of	This	1		· · · · · · · · · · · · · · · · · · ·	MI.	
Number of child of this r	nother 1 200	W.	Number of children,	of this mother, now li	ving 100	Es/
	CERTIFICATE	OF ATTENDI	NG PHYSICIAI	OR MIDWI	PE *	11
M 212	1 6 700			VI.	100 .	113
I hereby certify that	and the second s	th of above child	d, and that it occu	red on	29. 190	at 72
When there was no a or midwife, then the fa	ther, householder,	(Signature) .	una	us 9	ulde	nen thes
etc., should make this structions on back.	s return. See in-	Dated Me	2/30 ₁₉ d/	of See In-	Plus	NA
Given or christian n	ame added from a		1991	Attending phys	ician, midwie, father, e	tc.*)
	11 6 6 11	Address	10/11	11611		

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	let.	
	3	each,
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MARCIN RESERVED FOR BINDING.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	f. B In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the numb
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Township of	RECORD OF BIRTH
village of Clieben	Registered No. 43
City of (No,	St; war
FULL NAME (Still Birt	(If child is not yet named, m:
Sex of Male Twin, Suegle and Sumber in order of birth	Legifi- mate? # Date of LOCC 3 19#/ (Month) (Day) (Ye
Harry Spiegelber	MAIDEN SULA STRAKEN
RESIDENCE Chelbra	RESIDENCE Columbia
OR RACE White AGE AT LAST 30 BIRTHDAY (Years)	OR RACE White AGE AT LAST 30 BIRTHDAY (Years)
Destre Trop Wash, Ce	BIRTHPLACE Chelsia
Duy Click	OCCUPATION Nour
Number of child of this mother 319	Number of children, of this mother, now living.
See the state of	ING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above chil *When there was no attending physician	Con WI Dal
or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	Clord Physician
Dateu	(Attending physician, midwife, father, etc.*)

BINDING

PLACE OF BIRTH STATE OF MICHIGAN Department of State--Division of Vital Statistics County of RECORD OF BIRTH Township of Registered No. Village of City of. (No. FULL NAME If child is not yet named, make OF CHILD. supplemental report, as directed. Sex of Date of and in order triplet. child or other (Month) (Day) (Year FATHER FULL FULL MOTHER NAME MAIDEN NAME RESIDENCE RESIDENCE birth, COLOR AGE AT LAST COLOR AGE AT LAST OR RACE BIRTHDAY OR RACE BIRTHDAY. 10 (Years) (Years) order BIRTHPLACE BIRTHPLACE H OCCUPATION OCCUPATION Number of child of this mother... Number of children, of this mother, now living.... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and that it occurred on the *When there was no attending physician or midwife, then the father, householder, (Signature) etc., should make this return. See instructions on back. Dated. Given or christian name added from a (Attending physician, midwife, father, etc.*) Address supplemental report 190. Filed. BARTIES YO REGISTRAR.

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FOR

PLACE OF BIRTH HOIM TO BT	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Musicular	RECORD OF BIRTH
Township of	~~~
or lotestates	Registered No.
Village of Curious	100gally
City of (No.	
1 1 -0	St;Ward
OF CHILD John GEORGE	[If child is not yet named, make supplemental report, as directed.
Sex of child Male Twin, triplet, or other? and {Number in order of birth	Legili- mate? (Sonth) (Day) (Year) Legili- (Month) (Day) (Year)
John G. adrin	FUIL MOTHER MOTHER ACH
RESIDENCE Classed	RESIDENCE Cherlosy
OR RACE White AGE AT LAST 3 7	OR RACE White BIRTHDAY (Years)
BIRTHPLACE GERMany	BIRTHPLACE Selfvan Drop, Mich
OCCUPATION Butcleyed	occupation Mour
Number of child of this mother 1900	Number of children, of this mother, now living
CERTIFICATE OF ATTI	ENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above	child, and that it occurred on Jau 12 1902 at 6.6 M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	Ger MUP
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
	to the land
supplemental report 190 Address	5 Culling
Piled	Jan 13 19d2 Stectur Cooper
AANTEESH REGISTRAR.	REGISTRAR.

BINDING

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

County of Washtwaw	Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of	
Village of Chilbra	Registered No.
or	
City of (No	
0/10	Mergrus (If child is not yet na supplemental report,
Sex of child Male Twin, triplet, or other?	ber der rih Legiti- Gran Date of Fel. 27 Birth (Month) (Day)
John B. Mergens	FULL MOTHER MAIDEN VEILLE BACEN
RESIDENCE Chilsia	RESIDENCE Clirbra
or race white	OR RACE White BIRTHDAY 2 (Years)
Minnesota	St Paul Miun
abour Labour	OCCUPATION Neur
Number of child of this mother 1st	Number of children, of this mother, now living Ceer
CERTIFICATE OF	ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of	above child, and that it occurred on 48622 1967, at //
etc., should make this return. See in-	Bignature) A. W. Schmidt Physician
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 190 A	ddress Curung

UNFADING

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N. B.-In case of more than one child at a birth, a SEFARATE 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. Form \$20-6-08-2,000 MARGIN RESERVED FOR BINDING.

PLACE OF BIRTHOLHOLM TO STAT	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Julius and GROSSE	RECORD OF BIRTH
Township of Carlora	Registered No.
or	The state of the s
FULL NAME	Ward Schain (If child is not yet named, ma
OF CHILD	supplemental report, as directe
Sex of think triplet, or other? and Sumber in order of birth	Legiti- mate? 420 Date of March , 25, 1987 (Month) (Day) (Yea
FATHER CONTROL W. Schams	MAIDEN NAME NAME NAME NAME
RESIDENCE Cherlora	RESIDENCE Chalses
OR RACE White AGE AT LAST 36 (Years)	OR RACE White SIRTHDAY (Years)
Ling Trop Wash. Co	BIRTHPLACE Jackson mich
General Day Labore	occupation at Hour
Number of child of this mother Levelle	Number of children, of this mother, now living & leveu
CERTIFICATE OF ATTEND	ing physician or midwife. Standa
I hereby certify that I attended the birth of above child	d, and that it occurred on March 2 1962 at 6 03 M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	audros Geldr M.D.
Given or christian name added from a	Chelsea Mich
supplemental report 1997 Address Filed Ma	1ch 30, 19dr Hecter 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.

County of Washtwaw	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
MINIS TO GROUN	RECORD OF BIRTH
Township of Clerbra	Registered No. 9
or	to allent A
City of (No.	St.; Ward
OF CHILD Wilbur M.	Howe [If child is not yet named, mak supplemental report, as directed
Sox of triplet, triplet, or other? and { Number in order of birth	Legitimate? (Month) Date of March 26, 190/1
Tumas Howr	MAIDEN MOTHER MC Guir
RESIDENCE Chelbra	RESIDENCE Cherlora
OR RACE White AGE AT LAST 37 BIRTHDAY (Years)	OR RACE Water AGE AT LAST 36 (Years)
BIRTHPLACE Waterloo Mich	Deutro noh Wash. Co
OCCUPATION Laborer	OCCUPATION MOTTAGES
Number of child of this mother	Number of children, of this mother, now living Life
CERTIFICATE OF ATTE	NDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of above	child, and that it occurred on March 26, 1987, at 3 Q M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	re) PEU. N. Palmers archier M. 20
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 190 Address	To welsta mich
Filed	Jarch 30, 1962 Fector Beopen
REGISTRAR.	MARTAIDYS REGISTRAR.

in order of birth, stated.

PLACE OF BIRTH M TO THE		OF MICHIGAN eDivision of Vital Statis	tics
County of Wastelman	The state of the s	RD OF BIRTH	County of No
Township of Curbing village of Curbing	· 1	Registered	v mageon
City of (No	17/1	0/1: St.;	Ward)
FULL NAME Elizabeth 13	rmadium vo	If child supples	is not yet named, make nental report, as directed.
Sex of Twin, triplet, or other? } and { in or other?	umber sorder Legiti- pirth Legiti- mate?	Birth Month	,, 198/2/ (Day) (Year)
PULL PATHER PATHER PARTY	FULL MAIDEN NAME	MOTHER M.	Halry
RESIDENCE Chrlsra	RESIDENCE	Clirk	ira
OR RACE White BIRTHDAY	2 8 COLOR OR RACE N	lietr BIRTHO	
BIRTHPLACE Michigan	BIRTHPLACE	michig an	SOCIETARIO DE
OCCUPATION Plumber	OCCUPATION	Housentefr	28
Number of child of this mother 4	Mumber of childre	n, of this mother, now living	ur
	F ATTENDING PHYSICIA	0/ 1//	62 at 410 M
I hereby certify that I attended the birth	of above child, and that it occ	W 15	oz., at z M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See in- structions on back.	Date Dulge 190	Pluy.	icián
Given or christian name added from a	lof.	(Attending physician, midwife,	father, etc.*) o maylo
supplemental report	Filed prila 196	V Hector	Cooper
	F 1100		PROMITAN

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

"In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of

PLACE OF BIETHOLHOLM TO STATE	STATE OF MICHIGAN DATE Department of StateDivision of Vital Statistics
County of 10 acquired and 30 980328	RECORD OF BIRTH
Township of Village of Clerky	Registered No.
City of (No,	St; Wa
OF CHILD Lile Sabell M	Chauley (If child is not yet named, m.
Sex of Finals Twin, triplet, or other? and { Number in order of birth	Legitimate? (K) Date of May (Day) 199 (Y)
FATHER Gauley	MAIDEN Lola FASHSWORTH
RESIDENCE Colorlara	RESIDENCE Clerbag
or race White AGE AT LAST 30 BIRTHDAY (Years)	or race White BIRTHDAY (Years)
BIRTHPLACE Druton Mich	BIRTHPLACE Fowlerwille Mich
occupation Salismay	Housewife .
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child	d, and that it occurred on May 6 . 1967 at 11 ?
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	S. G. Bush MLO,
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 190 Address	415 rdy Arcta Cooper
Filed / CC	4/2 , 1967 ARCHOLOGICA

PARTERIOR

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

f each,	County of Wash truew	Department of StateD	MICHIGAN ivision of Vital Statistics
0	MECORD OF BIRTH	RECORD	OF BIRTH
the number	Village of Christa		Registered No. /3
8	City of (No,	010	St.;Ward
Dack, am	PULL NAME Paul Firdrich Sp	rrv	If child is not yet named, make supplemental report, as directed
10.0	Sex of child Male triplet, No and Number in order of birth	Legitimate? Up Date of Birth	May 5, 199/2 (Month) (Day) (Year
Britania T	Thomas G. Sprin	MAIDEN Clara W	d Oaubersmith
th, stated.	Clirkra	RESIDENCE Colerla	29 4 A O 7
of bir	OR RACE White BIRTHDAY (Years)	OR RACE White	AGE AT LAST 40 BIRTHDAY (Years)
in order	Chilbra Mich	BIRTHPLACE Crisc	o Sona
Na rab	Machinest Hardres	occupation at A	lour
mega.	Number of child of this mother and g. Co.	Number of children, of this mother,	now living Hive
CL 1980	CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MID	WIFE*
	I hereby certify that I attended the birth of above child,	and that it occurred on	May 15 1962 at 11,10 M.
THE WILL DE	*When there was no attending physician or midwire, then the father, householder, etc., should make this return. See instructions on back. (Signature)	andrus G	Adr U. J.O.
AUD64	Given or christian name added from a		g physician, midwife, father, etc.*)
1000	supplemental report 190 Address Piled Mau	124-12 de	school to cohe
	Piled Piled Registran.	, 190 4	REGISTRAR

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

						11.
Village of Out	1549			- 5	Registered N	0. / 0
City of	(N	ro,		(Mg	St:	
FULL NAME	9	' / X	10.	ed wi	Dr O	TWAN
OF CHILD	X EM		Joles	V 18 200	{ If child is supplement	not yet nam
Sex of	Twin, triplet, 20 1 3 and	(Number in order	Legiti-	ate of	may	92
child Male	triplet, or other?	(of birth	Legiti-	Birth (X	onth)	(Day)
FULL NAME	FATHER	MAIDEN D	FULL MAIDEN	мот	HER	. 1-
for	Jolie .	J. P. men	NAME Mag	air,	Brona	sto
RESIDENCE LA	1.0	ээнзоили	RESIDENCE	111	1	13
COLOR	AGE AT LAS	- 07	COLOR	Olle	sia	
OR RACE Wituly	BIRTHDAY		OR RACE Will	tr	AGE AT LAS	
BIRTHPLACE	140	STON MITTER	BIRTHPLACE	,10	14	1
Now	e dealy	When So	_ m	apelo	Hal	y
OCCUPATION La for	m ()	HOTTANUSED	OCCUPATION	House	Kuch	1
7,000	111			ALLA	0	1 2
Number of child of this	mother 12	Minutes of children, or the	Number of children, of	this mother, now li	ving Que	~
	CERTIFICATE	OF ATTENDIN	G PHYSICIAN	OR MIDWI	PE*	
I hereby certify tha	t I attended the birt	th of above child	and that it occurre	don Ma	422 200	2 23
When there was no or midwife, then the	THE PARTY OF THE P	140 00	A/ W/	1.1.11	11	w orante
or midwife, then the	father, householder, his return. See in-	(Signature)	1 1 1 0 1	Music	au	willer then
structions on back.		Dated May	111 10	1	11/11	each no ago

County of Washitewaw	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Christa Village of Christa Or City of No	Registered No.
FULL NAME Harigh andals	Mard) N. Hoffman (If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, the land harder or other? He land harder of birth	Legilimale? US Date of May 24, 199/2 (Month) (Day) (Year)
FULL PATHER PATHER STATE OF THE PATHER STATE O	
RESIDENCE Chelora	RESIDENCE COLLEGE
OR RACE White AGE AT LAST 38 BIRTHDAY (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE GERMANY	EIRTHPLACE Colirlora mich
abour Labour	Housewife 1
Number of child of this mother. Liftle	Number of children, of this mother, now living
16111 17 10 3 171	ING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above chil *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
Given or christian name added from a	Culse Mich
supplemental report 190 Address Filed 110	wel, 1962 Asctor Cooper

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

County of Maskett	MON TO GROSSE	Department of StateDiv	ision of Vital Statistics F BIRTH
Township of Clubs	ta		Registered No. 19
City of	100	6	St; N
	rena Broot	75	If child is not yet named supplemental report, as di
sex of Twin triplet, or other?		Legiti- mate? (fr) Date of Birth	Month) (Day) 19
Howard FAT	Brooks	MAIDEN 6	Hiebert.
RESIDENCE Colorle	ra ,	RESIDENCE Co Curls	ra
OR RACE White	AGE AT LAST 36 BIRTHDAY (Years)	OR RACE White	AGE AT LAST 30
BIRTHPLACE CLASS	ra	BIRTHPLACE Coles	losa
OCCUPATION MERCLE	aut a	OCCUPATION HOUSE	wife
Number of child of this mother	Sixth	Number of children, of this mother, no	w living 3
Oran Tar I a		ING PHYSICIAN OR MIDWA	
*When there was no attendi or midwife, then the father, l etc., should make this retu structions on back.	ng physician householder. (Signature)	S. G. Bus	h Culsición
	Dateuraliza		The state of the s
Given or christian name a	added from a	for fee Conting 1	physician, midwife, father, etc.*)

PLACE OF BIRTH STATE OF MICHIGAN Department of State--Division of Vital Statistics RECORD OF BIRTH Township of Registered No. Village of City of (No Ward FULL NAME If child is not yet named, make OF CHILD supplemental report, as directed. BINDING Sex of Date of Legitiin order child mate? Birth or other? (Month) (Day) (Year FULL FATHER FULL MOTHER NAME MALEEN NAME RESIDENCE RESIDENCE COLOR AGE AT LAST COLOR AGE AT LAST OR RACE BIRTHDAY. OR RACE BIRTHDAY (Years) BIRTHPLACE BIRTHPLACE UNFADI 9 OCCUPATION OCCUPATION Number of child of this mother Number of children, of this mother, now living .. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * I hereby certify that I attended the birth of above child, and that it occurred on When there was no attending physician or midwife, then the father, householder, (Signature etc., should make this return. See instructions on back. Dated. Given or christian name added from a Attending physician, midwife, father, etc.*) Address supplemental report 190

N. B. -In case of more than one child at a birth,

County of Masulanan	the control of the co	ATE OF M	ion of Vital Statis	PLA county of
		RECORD OF	BIRTH	
Township of				1 3 mon
Village of Curely	,	1	Registered No.	X O
or				11
City of No,		(No	St.:	Ward
FULL NAME GEO. Hrnry Wo	ashing	tou	If child is not supplemental re	yet named, make
Sex of child Male triplet, or other? and Number in order of birth	Legiti- male?	Date of Birth	Month (Di	2 190/ 2 (Year
FULL FATHER	FULL	мот	HER	330
NAME GEO. Washington	MAIDEN L	Elian E	Bander	lep
RESIDENCE Colorlos	RESIDENCE	lulina	lestora	DENGE SE
or race White AGE AT LAST 25- BIRTHDAY (Years)	COLOR OR RACE	vhetr	AGE AT LAST BIRTHD AY	26 (Years)
BIRTHPLACE Youngstown U.V	BIRTHPLACE	Buff	la 21.	И.
occupation of Plamber	OCCUPATION	at Ho	uer	1
Number of child of this mother Second	Number of child	ren, of this mother, now i	iving Inv	la redinale
CERTIFICATE OF ATTEN	DING PHYSICI	AN OR MIDWI	FE*	Stard.
I hereby certify that I attended the birth of above cl	hild, and that it oc	curred on hel	4/2 1902	+710 am
*When there was no attending physician or midwife, then the father, householder, (Signature	(1 un	hos Gal	dr	When the
etc., should make this return. See in-	ly 15 1902	wet - an own vi	M.	(Quitowall
Given or christian name added from a	190/	(Attending phy	sician, midwife, father, et	Galactio of*2
supplemental report 190 Address	1 00	risia 1	nich	stuppiements.
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THE	STURN :
3	# 7
WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD.	f. BIn case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of
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Country of Manual States	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of 10 assumanta 40 390339	RECORD OF BIRTH
Township of or Village of Clar 19	Registered No. 25
City of (No	Ottower (No.
FULL NAME GETALS LOVING	Adam (If child is not yet named, make supplemental report, as directed.
Sex of child Male Twin, triplet, or other? Wo } and {Number in order of birth	Legifi- mate? (fr) Date of July 198'2 (Month) (Day) (Year)
FULL PATHER Coughan	MOTHER Sarah Schmidt
RESIDENCE Clarks	RESIDENCE Clirlera
or race White Age at Last 2 7 BIRTHDAY (Years)	or race White BIRTHDAY (Years)
BIRTHPLACE Charles quich	BIRTHPLACE Grayling Mich
OCCUPATION BOOK Kerpen	occupation Howerwiff &
Number of child of this mother Second	Number of children, of this mother, now living
CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above chil	d, and that it occurred on July 2/ 1967, at 19 M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	127 1967 Plusician
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 190 Address Filed Add	129 rody Hector Cooper
REGISTRAR.	REGISTRAR.

STATE OF MITTER TO STATE	STATE OF MICHIGAN TO TOAL TO SPARTMENT OF StateDivision of Vital Statistics
County of Masherman	RECORD OF BIRTH
Township of for the first terms of the first terms	Registered No. 26
Village of Character	to agent
City of	St;Ward
OF CHILD Trank Edward	Leker [If child is not yet named, mak supplemental report, as directed
Sex of triplet, triplet, or other? Ho and (Number in order of birth	Legitimate? (Mopth) Date of Rule 22, 1967. (Mopth) (Day) (Year
NAME () ()	Margaret Goets
RESIDENCE Chrising	RESIDENCE CHERRY
OR RACE White BIRTHDAY (Years)	color or RACE White BIRTHDAY (Years)
PIRTHPLACE Pinchury Mich	Live Trop Wash Co
Day Laborer	occupation of Hour
Number of child of this mother Secure	Number of children, of this mother, now living 1200
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE* Stang
I hereby certify that I attended the birth of above ch	uld, and that it occurred on suly 22, 1967, at 2 20 M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature	1424000 Physician
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report190 Address	Chelsea for form
Filed ful	1426, 1967 Pricion Cooper

County of Marletman	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of // William 30 980338	RECORD OF BIRTH
Township of Cherles	Registered No. 27
Village of Output	St; W
FULL NAME CALENCE	Perliur (If child is not yet named, supplemental report, as dire
Sex of the triplet, or other? No and {Number in order of birth	Legitimate? Us Birth Cugust (Month) (Day)
FATHER PETRIUS	MAIDEN PEAR Worther
RESIDENCE Curbra	RESIDENCE Clerks19
COLOR OR RACE PLUTE BIRTHDAY. (YESTS) BIRTHPLAGE A S. D. C.	OR RACE White BIRTHDAY 33 (Years)
Sand Lake Penn.	Pennsylvania
occupation Machinest	OCCUPATION HOLL
Number of child of this mother 314	Number of children, of this mother, now living
CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child	d, and that it occurred on Quy 4, 1967 avo 10
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	9 500 N. Palper
Given or christian name added from a supplemental report Upl. 2H 1963 Address	Curbia
67 Marnuy REGISTRAN. Piled Que	198 , 1962 Hictor Cooper

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WRITE PLAINLY, WITH UNFADING INKTHIS IS A PERMANENT RECO	. B.—In case of more than one obtid at a birth, a SEDARATE DEFITEN wast he made for each and the m
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County of Nasutinan	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
Township of Of the Anta	RECORD OF BIRTH Registered No. 22
City of (No.	
OF CHILD Dorothy May	Moore { If child is not yet named, r supplemental report, as dire
Sex of Twin, triplet, or other? and { Number in order of birth	Legiti- mate? Birth Stat 3 190 (Month) (Day)
FATHER MOON	PULL MOTHER MOTHER NAME Calda Sayland
RESIDENCE CONSISTER	RESIDENCE Carlosa
OR RACE White AGE AT LAST 3 9 BIRTHDAY (Year	COLOR OR RACE Whate BIRTHDAY (Years)
BIRTHPLACE Howell Mich.	Truawer Co Mich.
Sabari ,	OCCUPATION Mouse
Number of child of this mother	Number of children, of this mother, now living
I hereby certify that I attended the birth of above	e child, and that it occurred on Sight 3, 1962, at / 19
etc., should make this return. See in- structions on back.	Sept 101907 Phijsician
Given or christian name added from a supplemental report	(Attending physician, midwife, father, etc.*)
Filed:	Stot 12, 1967 Archa Cooper

BINDING

Township of Village of City of FULL NAME OF CHILD Date of Sex of Legitiin order Birth child FULL FATHER FUND NAME MAIDEN NAME RESIDENCE RESIDENCE birth, COLOR COLOR AGE AT LAST OR RACE BIRTHDAY. OR RACE 50 (Years) BIRTHPLACE BIRTHPLACE 9 OCCUPATION 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 * When there was no attending physician (Signature) or midwife, then the father, householder, etc., should make this return. See instructions on back. Given or christian name added from a Address supplemental report .190

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered	No. 3/
Tropinctor.	110.

Ward)

ECOWOTIA .

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

(Month) (Day (Year) MOTHER

BIRTHD AY

AGE AT LAST

Number of children, of this mother, now living

(Attending physician midwife, father, etc.*)

REGISTRAR.

(Years)

REGISTRAR.

Filed.

County of Washington American 40 089238	RECORD	OF BIRTH
Township of Village of Clerlora		Registered No. 33
or	080	
City of (No.		st;
OF CHILD fran Celizabeth	Ринсина	If child is not yet name supplemental report, as
Sex of triplet, or other? 40 and { Number in order of birth	Legiti- male? 420 Date of Birth.	Sept 19 (Day)
FATHER A. D. Rauceman	MAIDEN Codia	Rafters
Chebra	RESIDENCE COLLE	214
OR RACE White AGE AT LAST 2/ BIRTHDAY (Years)	OR RACE White	AGE AT LAST 2/
BIRTHPLACE Sylvan Inp.	BIRTHPLACE Che	elera
OCCUPATION Book/Kreper	OCCUPATION MONCH	" Machia
Number of child of this mother. Oler	Number of children, of this mothe	r, now living Our
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MI	DWIFE*
I hereby certify that I attended the birth of above ch	ild, and that it occurred on	lept 19, 1912, at 12
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	4/1/1/	alner
Given or christian name added from a	(Attende	ing physician, midwife, father, etc.*)
supplemental report 11028 1963 Address	10111/054	MINTALLY MA

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

each.

TATE OF MICHICHTHAN	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Washbraaw 10 990339	RECORD OF BIRTH
Township of or Village of Chelses	Registered No. 35
City of No.	
OF CHILD Pucilla Ether	Radeka (If child is not yet named, make supplemental report, as directed.
Sex of thild famuels Twin, triplet, or other? We and Number in order of birth	Legitimale? fro Date of Oct 9 19/2 (Month) (Day) (Year)
James R Radekr	MAIDEN RETURN LORGET
RESIDENCE Co liels49	RESIDENCE Columbia
OR RACE White BIRTHDAY (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE Detroit	Huran Trop Mich
Machinist .	OCCUPATION MORALIZATION
Number of child of this mother Our	Number of children, of this mother, now living.
CERTIFICATE OF ATTEND	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above chi	ld, and that it occurred on Oct 9 1962, at 3 10 M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	10 odr Plusician
Given or christian name added from a	Polis 1040 (Attending physician, midwife, father, etc.*)
supplemental report 190 Address	to de Sector Cooker
Piled Co	, 190

case of more than one child at a birth,

PLACE OF BIR	DIVINION OF VITA	tment of State		TE OF M	IICHIGAN ion of Vital Statis	etice
County of Massell	Man TO DE	NECOI	Department o	RECORD OF	THE RESERVE THE PERSON NAMED IN COLUMN	county of
Township of Carlo	49				Registered No.	37
City of	(No	,	,	-b70)	St.;	Ward
FULL NAME GE	V. W. ME	meth	4	New Ver	{ If child is not y	yet named, ma eport, as directe
Sex of Male Trip	let, (and in	mber order birth	Legiti- mate? US	Date of Birth	Oct 2	9 198' (Yea
PULL Joseph	ATHER Y. NEMA	thy	MARGEN PL		HER Lumbus	S)
RESIDENCE Lottes	it mu	sho	RESIDENCE	Ch	rlesa	A BYRON
OR RACE White	AGE AT LAST BIRTHDAY	2 4 (Years)	COLOR OR RACE	lute	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE Chic	ago Ill	ON STATISTICS	BIRTHPLACE	Colerle	4ª mich.	SOAJAHTA
OCCUPATION Puri	letro	HOITANUSSE	OCCUPATION	Mour	Parmer	HOLLAHIOS
Humber of child of this mot	ner I lived	Number of children.	Number of children,	of this mother, now	living These	r
Dand	CERTIFICATE OF	FATTENDING	PHYSICIA	N OR MIDWI	PF.	
I hereby certify that I	attended the birth o	f above child, a	nd that it occu	rred on Oc	29 1902	tf Jegn
When there was no atte or midwife, then the fath etc., should make this structions on back.	return. See in-	(Signature)	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Woods	Plusac	Can
Given or christian nan		- Total	Po Per	(Attending phy	vsician, midwife, father, et	×
supplemental report	190	Address	1)	246	at les	64
	REGISTRAR.	Filed ///	, 190	JY Z	cia del	HEGISTRAR.

STATE OF MITTIE TO STATE	STATE OF MICHIGANIA TO BOALS
County of Washirman	rtment of StateDivision of Vital Statistics RECORD OF BIRTH
Township of	Registered No.
Village of Gurana	logaterou No.
City of (No.	St.; Ward
OF CHILD Sollin Saul.	Reule (If child is not yet named, mak supplemental report, as directed
Sex of triplet, triplet, or other? Nu and \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Legilimate? 40 Date of Mod 21 188 2 (Month) (Day) (Year
John Rentr	MAIDEN Christing Fry
RESIDENCE Chybre	RESIDENCE Clarba
OR RACE White BIRTHDAY 4 3 (Years)	OR RACE White Serthday (Yeurs)
BIRTHPLACE Nuglaubug Germany	Westruburg Gramany
OCCUPATION Farmer	occupation at Homer
Number of child of this mother. Testle.	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIX	NG PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of above child,	and that it occurred on 10021, 1907, at 0 3 9 M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	andro Elder Paysician
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report May 27 1963 Address	Cterlsra
Community Filed 1/2	9 ,1902 Hictor Cooper
//	- Annie Company

PLACE OF BIRT	TATE OF MICHIGA		F MICHIGAN Division of Vital Statistics
County of / www	RECORD OF BUILDING	RECORD	OF BIRTH
Township of Clurk	19		Registered No. 39
City of	(No,	OW)	st.;w
OF CHILD	mas Joseph	Lucha	{ If child is not yet named, supplemental report, as dire
Sex of child Male triple or ot	t, hu and {Number in order of birth	Legiti- mate? Urs Date of Birth	(Month) (Day) 199
FULL John 2	Lucha	FULL MAKEN MAN	MOTHER LEMMAN
RESIDENCE Colors	219	RESIDENCE	Chelora
OR RACE White	AGE AT LAST 3 3 BIRTHDAY (Years)	OR RACE White	AGE AT LAST 26 (Years)
BIRTHPLACE AMMIE	moville 14.	BIRTHPLACE Manu	cherter Eng
OCCUPATION Black	smith 1	OCCUPATION NO	ur
Number of child of this mothe	name of colors of the complete to the	Number of children, of this mothe	r, now living
	CERTIFICATE OF ATTENI	ING PHYSICIAN OR MI	DWIFE*
I hereby certify that I at	ttended the birth of above chi	ld, and that it occurred on	10/26 190 × at/250
*When there was no atter or midwife, then the fathe etc., should make this re structions on back.	r. honseholder. (Signature)	1341 De	frud of
Given or christian name	added from a	La Performance	ding physician, midwife, father, etc.*)
supplemental report	190Address	130 ml 4	Lata to obis
	Filed / L	, 190	TUCHO OF PEGISTRAN

PLACE OF BIRTH	TATE OF MICHIC	STATE OF	
County of Masult	мам зо онозая		of Birth
Township of			winship of
Village of Curls	1		Registered No.
City of	(No,	ONO	10.77
FULL NAME Rich	and Ray	alryan	St.; Wa If child is not yet named, m supplemental report, as direct
Sex of Male Twin, triplet, or other?	Mo } and { Number in order of birth	Legili- mate? US Date of Birth	101C , (Day) 190
erchir a	Praudr	MAKEN Manel &	MOTHER MC anic
RESIDENCE Curb	ra	RESIDENCE le lur	lora
OR RACE White	AGE AT LAST 2 9	OR RACE White	AGE AT LAST 2 1 (Years)
BIRTHPLACE Clirks	ra mich	BIRTHPLACE LORGE	out much
Occupation Delivery	Wagny Dur	OCCUPATION Moure	A STATE OF SHARE
Number of child of this mother	of herth	Number of children, of this mother,	now living
CE	RTIFICATE OF ATTEND	ING PHYSICIAN OR MID	WIFE*
I hereby certify that I atter	ided the birth of above child	d, and that it occurred on	rc 1 1902 at 49
*When there was no attending or midwife, then the father, hetc., should make this return structions on back.	g physician ouseholder. (Signature)	Gul, Pal	mry
Given or christian name a	Dated from a	46196 V	g physician, midwife, father, etc.*)
	- CO 12 M 42 B 4 TT	Chalora	g physician, marwire, rather, etc.*)
supplemental report	150 X \ / / / /	011/ 11/04	entahanhii
	Filed	C/Y , 190 - 77	will be for

STATE OF MITTER TO STALE	STATE OF MICHIGAN TO TOAL
County of Maskitman	RECORD OF BIRTH
Township of or Village of Clarkra	Registered No. 42
City of	St.;Ward
FULL NAME of CHILD LEW France	[If child is not yet named, make supplemental report, as directed
Sex of thild Maler or other? How and Sumber in order of birth	Legiti- male? 45 Date of ACC, 17, 1997 (Month) (Day) (Year
John Visil	MAIDEN MARY agurs Garlan
RESIDENCE Christy	RESIDENCE Clarky
OR RACE White AGE AT LAST 36 (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE Mich	BIRTHPLACE MICH
GCCUPATION FARMEN	occupation at stower
Number of child of this mother Scand	Number of children, of this mother, now living
THE THE STATE OF T	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above ches when there was no attending physician or midwife, then the father, householder, etc., should make this return. See in-	ander Quelde
structions on back.	rc171962 Cupician
Given or christian name added from a	le level 4 g
supplemental report fund 196 Address Filed	rc19 red Hickor Cooper
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County of Masulman	STATE OF	STA' Department of	TE OF N	The state of the s	
County of the Land State of the	GRODER		RECORD OF	BIRTH	10 431
Township of Village of Christian		. 0		Registered N	10. H3
City of (No.	9	3/1	7	St.;	W MAME
OF CHILD MARGANIN	Munder L	expession	hurrdl	If child is suppleme	not yet named, ental report, as dir
child finals Twin, triplet, or other? No and	in order of birth	Legiti- mate?	Date of Birth	Month)	(Day), 190
Courad Assibolin	udt	MAIDEN MAI	gart	fachs	Lau .
RESIDENCE Christa	померен	RESIDENCE	Cler	bra	3503
OR RACE White BIRTHDAY.		COLOR OR RACE	itr	AGE AT LA	
Sylvan Twp. Wase	he be	BIRTHPLACE	Jash t	de Mul	ila some
OCCUPATION Sicher Labour	M.C.R.	OCCUPATION	atx	lower	жеты
Number of child of this mother Starting	th	Number of children,	of this mother, now	living Few	Europe of old
CERTIFICATE	OF ATTENDI	NG PHYSICIAI	OR MIDW	PE*	Sta
I hereby certify that I attended the birth	h of above child,	and that it occur	rred on Dr	C 2 3. 19d	arc.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See in- structions on back.	(Signature)	andro	o Gul	de po	Then there wa nidwite, then amount may otlens on bac
Given or christian fiame added from a	Dated AV	D P 1	(Attending phy	rsician, midwife, fat	ber, etc.*)
supplemental report May 2/190/3	Address	o web	79	7.0	lemental rep
Coll. Marouly	Filed dur	26,1902	PYE	101 0	10 pm

STATE OF MICHIEL TO STATE	STATE OF MICHIGAN TO TO THE
County of Wash Isman	Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of or Village of Carlora City of (No.	Registered No.
PULL NAME OF CHILD	the Duffer (If child is not yet named, make supplemental report, as directed
Sex of triplet, triplet, or other? We and Sumber in order of birth	Legifi- mate? Was Birth Occ , 24 , 198 7 (Month) (Day) (Year)
FULL PATHER MANE PASTURE B. Durfer	FULL MOTHER MAIDEN HALLER & Mills
RESIDENCE Colexbra	RESIDENCE COLUMNS 4
OR RACE White BIRTHDAY (Years)	OR RACE White BIRTHDAY 3 7
BIRTHPLACE Mich.	BIRTHPLACE Hadson Mich
SCCUPATION Labour	OCCUPATION MONTAGED ST
Number of child of this mother Jenth	Number of children, of this mother, now living English
CERTIFICATE OF ATTE	NDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above	child, and that it occurred on ALC 24, 1962, at 1630 PM.
*When there was no attending physician or midwire, then the father, householder, etc., should make this return. See instructions on back. (Signature)	Decal in the property and the property of
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report190 Address	Ourbra to the
Filed.	VICTO, 1907 FECTOR COOPER

	USEMANU TO UP	RECO	RECORD O	F BIRTH	to Kat
Township of	4	- V	-		lo gliden
Village of Car	lorg	1/		Registered No.	40
or			-		20
City of	(No		- 0	St.;	v
OF CHILD	man t	rank %	lung	(If child is not)	et named,
•	Twin. 2 3005 (No	mber	16	supplemental re	port, as di
child Male	triplet, I and in		Birth	(Month) (Da	19
FULL NAME	FATHER	FULL	0 M	OTHER	(y)
Joseph	a lun	MAGEN NAME	Frank	Eers 1	4
RESIDENCE 1	7	RESIDEN	ICE /On /	1	a dela
cou	essig V		64	resta	
OR RACE Whit	AGE AT LAST BIRTHDAY	(Years) COLOR OR RACI	white	AGE AT LAST	25 (Years)
BIRTHPLACE OF	nie Pluis	BIRTHPL	ACE COLS	losa	3124.24
OCCUPATION //	of of the	1 OCCUPA	ATION 4	1	ROITAR
	nacuus	1	Hous	rny	
Number of child of this	mother	Number of children	of children, of this mother, n	ow living	2.118411.2
	CERTIFICATE OF	ATTENDING PHY	SICIAN OR MIDS	VIFE*	
and the last of the			/	0	0
	I attended the birth o	f above child, and that	it occurred on	1. 196 . a	t
When there was no a or midwife, then the fa	ather, householder.	(Signature)	July Bu	24	
etc., should make the		Dated Dec 30 196	Yours C	Plino	Morto
Given or christian n		2	(Attending	physician, midwife, father, et-	e.*)0 100
	1 1 1 Day 2 V	Address 66	14 losa	0	
supplemental report	190	Audress		A TIPITON I	ST PROPERTY.

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ATE OF MATRIE TO STALE		F MICHIGAN TO ADAM -Division of Vital Statistics
County of Page Annual	THE RESERVE OF THE PARTY OF THE	D OF BIRTH
Township of Clar Cong.	√ =	Registered No. 46
City of (No		St.;Ward)
FULL NAME Robert for	· lu Wals	If child is not yet named, make supplemental report, as directed.
Sex of child Male triplet, Luge and and in order of birth	r cegni-	Date of Dic 22, 1962 (Year)
FATHER James Mallac	FULL MAIDEN NAME	Bertlia alber
RESIDENCE Colorising	RESIDENCE	Chelera
OR RACE White BIRTHDAY 3	(Years) COLOR OR RACE	Lutr BIRTHDAY 25-
BIRTHPLACE Sidney Oli	BIRTHPLACE	Cuelora
Machinist	OCCUPATION	Housewife
Number of child of this mother Curr	Number of children, o	of this mother, now living
CERTIFICATE OF A	ATTENDING PHYSICIAN	OR MIDWIFE*
I hereby certify that I attended the birth of a	bove child, and that it occur	red on horces, 1962, at les M.
etc., should make this return. See in-	gnature) Sted 196 V	9. Bush
Given or christian name added from a	Par	(Attending physician, midwife, father, etc.*)
supplemental report	ed Dress 1962	Herty Cooky
REGISTRAR.	, 190	REGISTRAN.

N. BIn case of more than one oblid at a birth a SEDARAME DESITE MAN AND MAN AND AND AND AND AND AND AND AND AND A

County of MASULMAN TO OROSER	Department of	StateDivision of Vit	CAN al Statistics
Fownship of		RECORD OF BIRTH	lo qidanwo'l
Village of Challana	1	Register	1/1
City of (No		(No	t: Ward
PULL NAME Ened Victoria	Forma	al (Ife	hild is not yet named, make plemental report, as directed
sex of Twin, triplet, or other? Suight and { Number in order of birth	Legiti- mate? Us	Date of Acc (Month)	, 26 , 190 (Year
Charmery Ferenan	FULL MAIDEN NAME	ertha Sch	machine
ESIDENCE Chelera	RESIDENCE	Colylosa	Mar
REPORT STATE	COLOR OR RACE		TLAST 3 3
IRTHPLACE Clerbig	BIRTHPLACE	Che lora	103
Mrschaut Morania	OCCUPATION	Housewa	A MOTATOR
Number of child of this mother	Number of children,	of this mother, now living	2
CERTIFICATE OF ATTENDI	NG PHYSICIAN	OR MIDWIFE*	
I hereby certify that I attended the birth of above child	l and that it occur	red on Dec 26.	1962 at 6 P M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See in- structions on back.	8 9	Dingda Samore	on and man was a solution of
Dated		Character and a state of the st	ie futher etc *\
Given or christian name added from a	11	Attending physician, midwi	ic, inener, esc.)
	Coler	Let 9	June Lemental report

ATE OF MITTE OF ATA	STATE OF Department of StateDi	MICHIGAN TO BOAJS
County of N asa Iruan	RECORD (
Township of or Village of Curls 19 City of (No.	1	Registered No.
FULL NAME Jouist Gul	dr	St.;Ward) { If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, or other? M6 and Number of birth	Legil-	te of Jary , 17 , 196 5 (Year)
andros Guldr	MAIDEN NAME CURIC	M. Jackson
RESIDENCE Chrlsrg	ADVISCUES RESIDENCE	leeling
OR RACE WHITE	(Years) COLOR OR RACE White	AGE AT LAST 30 BIRTHDAY (Yegrs)
BIRTHPLACE Christa Mich	BIRTHPLACE TO	outo Outario
OCCUPATION Physician Su	rgron OCCUPATION at	Hour
Humber of child of this mother 4251	Number of children, of thi	s mother, now living Avair
A STATE AN ORDER STORY	ATTENDING PHYSICIAN OF	1. 12 11 10
I hereby certify that I attended the birth of al	bove child, and that it occurred	on au 17, 1963, at 6 P. M.
etc., should make this return. See in-	gnature) andro 9 ted and 1963	Parsician
Given or christian name added from a	a lekely	(Attending physician, midwife, father, etc.*)
supplemental report 190 Ad	ed Jan 24, 1968	Hictor Cooper

SHARTE WAR

County of Mashernas	THIS 30 0800328	The second secon	Division of Vital Statistics OF BIRTH
Township of		RECORD	or Birth togtds
or late late			Registered No.
Village of Curling			Tregratored No.
City of	(No	o'X)	St;
FULL NAME OF CHILD	Office Louis	& gatara	If child is not yet name supplemental report, as o
Sex of child Male triplet, or other?	and Number in order of birth	Legiti- male? 40 Birth	
PULL PATHE albert 9	stardi	MAIDEN PLACE	MOTHER Coletta
RESIDENCE Charles	Marbanca Collex	RESIDENCE	lerberg
OR RACE White	AGE AT LAST BIRTHDAY (Years)	OR RACE White	AGE AT LAST 3/
STALLY STALLY	SHOW SERVICE AND ADMINISTRA	BIRTHPLACE Stal	el
DOCCUPATION Labour	MOITARUDSO	OCCUPATION Mous	MAN KANK MOUN
Number of child of this mother	evently	Number of children, of this moth	er, now living five
CERT	IFICATE OF ATTENDIN	NG PHYSICIAN OR MI	DWIFE
The state of the s			12 24 12 1
I hereby certify that I attende	d the birth of above child,	and that it occurred on	100 20 . 1963 at 6 0
*When there was no attending or midwife, then the father, hou etc., should make this return. structions on back.	seholder, See in-	FEAR Palm	ere Planais.
Given or christian name add	6	Probes	ding physician, midwife, father, etc.*)
supplemental report	1963 Address	135 13 11	enter broken
- Oll Maiorey	Piled July	, 1900	GOOM REGISTA

County of Nasutinan 10 170318	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of or Village of Our bra	Registered No. 48.
FULL NAME Richard Colors	Policy { If child is not yet named, m; supplemental report, as direct
Sex of triplet, triplet, or other? Swight and \{ Number for birth	Legilimate? US Birth Oct 2/ 1962
Nathan - Potter L	MOTHER MOTHER MOTHER MANE CONTRACTOR CONTRACTOR MOTHER MOT
RESIDENCE	RESIDENCE Lotes losa
color or race white AGE AT LAST 36 (Years)	COLOR OR RACE White BIRTHDAY (Years)
Jackson Mich	BIRTHPLACE Sandusky Olice
Cocupation Corment Mfg.	OCCUPATION
Number of child of this mother 3	Number of children, of this mother, now living
CERTIFICATE OF ATTENDI I hereby certify that I attended the birth of above child	ING PHYSICIAN OR MIDWIFE*
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	1 1965 Physician
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 190 Address Filed Filed	19 1963 Hictor Cooper

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made for each, and the number of

in order of birth, stated.

PLACE OF BIRTH		ATE OF MICHIO	
County of Masurran	RECORI	RECORD OF BIRTH	Sounty of the Sounty
Township of Village of Olivelsky	Ţ.,	Register	ed No. # 5
FULL NAME Robert W	audby	The little of the	thild is not yet named, make plemental report, as directed
child Ind . triplet, W and .	Number Legitimate?	Date of FED (Month)	(Day) (Year
Clarrier G.W.	and by Full MADEN NAME	Mary Eller	Buch
RESIDENCE Colerlary	RESIDENCE	1 Coles	lara O
OR RACE White	28 COLOR OR RACE W		AT LAST 28
BIRTHPLACE Jackson M.	lich	Jackson	mich
occupation Marline	OCCUPATION	nour	WOLLDAN STATES
Number of child of this mother	Number of children	en, of this mother, now living	J
CERTIFICATE (I hereby certify that I attended the birth	OF ATTENDING PHYSICI.	61 6 .1	1963, at 69 M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	(Signature) FEU D	Palmer	adrician
Given or christian name added from a	I le	(Attending physician, midw	ife father, etc.*)
supplemental report190	Filed FED 10 19d	3 Arcta	Cooper

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in order of birth, stated.

PLACE OF BIRTH M 30 3		TE OF MICHIGA	
County of Masu Leman	THE RESERVE OF THE PROPERTY OF	RECORD OF BIRTH	County of Kurkull L
Township of		-	log oT
- tolestory		Re	gistered No.
Village of Or		1	10 agent A
City of (No.		,,	St.;Ward)
FULL NAME Lucila Sc	Gultr	ENT MAY	If child is not yet named, make supplemental report, as directed.
triplet, 2 and i	Number n order of birth Legitl- mate?	Birth (Nont	, 13 , 198 3 (Year)
FATHER CARTLEY Schult	FULL MAIDEN NAME	Estella N	(bu
RESIDENCE Christy	RESIDENCE	Chrlsr	A MO BONBOLEM
OR RACE White BIRTHDAY	32 COLOR OR RACE	white	AGE AT LAST 29 (Years)
BIRTHPLACE Destroit Mu	ch	Chelora	BIRTHPLACE
CCCUPATION Bastender	MOLEMAN OCCUPATION	Housewill	OCCUPATION P
Number of child of this mother	Number of	children, of this mother, now living	2
CERTIFICATE (I hereby certify that I attended the birth	OF ATTENDING PHYS	61-1	13 1963 at 2 P M
	of above child, and that i	cl o	, isom, at the man in.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	Dated Feb 20 190	4. Bush	*When there was no attend etc., should make this zer structions on back.
Given or christian name added from a	LA JOHN DE	La la la la physici	an, midwife, father, etc.) m (mylo
supplemental report	Filed Fall 22	1903 Hich	Cooper
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County of Manual	truan	ORGODE	partment of State	The state of the s	1 Statistics
Township of	1	1	KECOI	D OF BIRTH	Inch
Village of Cae	lorg		/	Registered	No.
City of	(No	*	070		
FULL NAME OF CHILD	Aut Geo.	egr Foster		{ If chi	d is not yet nam
Sex of male	Twin, triplet, er other?	Number in order of birth Legi	Pate Birt		, 19 (Day)
FULL NAME LIGHTY	E. Foster	FUI MA NA	DEN	MOTHER W.	Rows
RESIDENCE	olelera	30/30/ESF RES	SIDENCE , 60	Erlsra	101
OR RACE White	AGE AT LAST BIRTHDAY		RACE while	AGE AT BIRTHI	
BIRTHPLACE	lustra	BIR	THPLACE	wirth 1	Wich.
OCCUPATION Plus	imbri	матачиро ос	CUPATION	A Hom	r
Number of child of this	mother 2	Manufact to reduce to Nor	nber of children, of this mo	ther, now living	2
	CERTIFICATE (OF ATTENDING P	HYSICIAN OR I	IIDWIFE*	
I hereby certify tha	t I attended the birth	of above child, and	that it occurred on	TED 19 19	\$3. at 33
*When there was no or midwife, then the etc., should make the structions on back.	attending physician	(Signature)	udios G		n there was to wide, then the newly, many one on pack-
And the second second	name added from a	Dated TENDA		ending physician, midwife,	father, etc.*)
				0	

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MARGIN FADING

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PLACE OF BIRTHOIHOIM TO STAT	STATE OF MICHIGAN
County of Masuruan	Department of StateDivision of Vital Statistics
MINIS TO MADELE	RECORD OF BIRTH
Township of	12/1
Village of 6 11 114	Registered No.
City of Son,	St;Ward)
OF CHILD Thaling Emang	(If child is not yet named, make supplemental report, as directed.
Sex of triplet, or other?	Legilimate? Us Date of March 3 1963 (Month) (Day) (Year)
FULL FATHER Thomas Vail	MAKEN Matilda Mallar
RESIDENCE Christa	RESIDENCE
COLOR OR RACE While AGE AT LAST 39 BIRTHDAY. (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE Mainer U.S.a.	BIRTHPLACE Fired on Two Mash lee
OCCUPATION Carpenter	occupation Monr
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTEND	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above chil	ld, and that it occurred on March 31963, at 11 PM
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	THE PERSONAL MAKE TAILED SEE THE PERSONAL PROPERTY OF THE PERSONAL PROP
Given or christian name added from a	(Attending physician, midwife, father, &c.+)
supplemental report / 19d 3 Address	curry
Piled Pu	NC4/8, 1998 A. C. COLOV SN

BINDING

one child at a

1 4	STATE OF MICHIGHNAID BASE	STATE OF MICHIGAN
2 5	County of Mashlenaue	Department of StateDivision of Vital Statistics RECORD OF BIRTH
DRD.	Township of dinna	Registered No. 3
2 00 "	Village of Some Sold	Average No.
A B	City of (No.	St; Ward
MENT	OF CHILD Vera Jennie om	(If child is not yet named, make supplemental report, as directed
ERMS	Sex of child Januale Twin, triplet, or other? Suggest of birth	Legilimate? 1/45 Date of Oscil 15th 198 3. (Month) (Day) (Year
S IS A I	William & Smith.	MAIDEN MOTHER SEMBEL.
THI THI BLATO	RESIDENCE Conlora.	RESIDENCE BELSEA
RVED INK TE BET	or race White 2 AGE AT LAST 42 (Years)	or race That BIRTHDAY (Years)
ADING SEPARA In order	BIRTHPLACE	BIRTHPLACE Cleveland This,
UNF B	OCCUPATION Mechanic	occupation Lousewife
IITH at a bir	Number of child of this mother.	Number of children, of this mother, now living
MINLY, W	CERTIFICATE OF ATTENDIN I hereby certify that I attended the birth of above child,	and that roccurred on Cal. 15 1963, at 30. M
of more th	when there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	S. D. Sush,
3 1	Given or christian name added from a	(Attending physician, midwife, father, etc.*)
B.—In	supplemental report 190 Address	19th 1963 CN Haroney
K. Ill	Piled Piled	REGISTRAR.

PLACE OF BIRTH M TO 3		E OF MICHIG		PI
County of Washterware		ECORD OF BIRTH	al Statistics	County of
Township of Dylvau			Taxasia 19	Towns
Village of Chilsea	0	Re	egistered No.	Villageof
City of (No.		OM)	St.;	Ward)
FULL NAME Mary Jean	V. Minans	1 Siens of	If child is not yet supplemental repor	named, make
triplet.	lumber Legiti- n order f birth mate?	Date of Us	ich 15 (Day)	, 199/3 (Year)
NAME The Winans	MAIDEN NAME	Cora S	unphar	1
RESIDENCE Chilsey Mich	RESIDENCE	2 Chilo	eg Mick	X DATE OF THE PARTY OF THE PART
OR RACE White AGE AT LAST BIRTHDAY	(Years) COLOR OR RACE	White	AGE AT LAST	Years)
BIRTHPLACE Combea Mics	BIRTHPLAC	E Limo Twy	3. Much	BINTHPLACE
Jeweler,	мотачиро оссирати	nong	,	ресценток
Number of child of this mother 3	Number of c	hildren, of this mother, now living	g three	
CERTIFICATE C	F ATTENDING PHYSI	CIAN OR MIDWIF	B*	m
I hereby certify that I attended the birth	of above child, and that it	occurred on Upl.	5 , 190/3, at	12 m.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	(Signature) SE	o. W. Palmer	mo	*When the
Given or christian name added from a	Dated 47 190	(Attending physic	ian, midwife, father, etc.*	Given od
supplemental report frame 1/1903	Address filed abl. W	sea Much	Varonelle	namatqu na
- Utilitian may	Filed.	-		EGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN Department of State--Division of Vital Statistics RECORD OF BIRTH Registered No ... Ward) If child is not yet named, make supplemental report, as directed. Date of Birth (Montic (Day) (Year) MOTHER MAIDEN RESIDENCE COLOR AGE AT LAST OR RACE BIRTHD AY. (Years) BIRTHPLACE OCCUPATION Number of children, of this mother, now living.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

County of Mashtenaue	Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of or	17
Village of Chelses (Registered No.
City of (No	(C AND St. IN
20/11	,
OF CHILD Manlow Jonrad	Until (If child is not yet named, supplemental report, as dire
Sex of Twh. triplet, or other energy and fin order of birth	Legiti- male? Birth May 25 th (Month) (Day)
Mahlon Dunklo	FULL MOTHER MOTHER (Boloton).
RESIDENCE Chulsey	RESIDENCE Chulsea
COLOR OR RACE THAT SIRTHDAY (Years)	or race Thite AGE AT LAST OF STREET
BIRTHPLACE PENN.	BIRTHPLACE
OCCUPATION Machinist	occupation Housewife.
Number of child of this mother 2	Number of children, of this mother, now living 2.
CERTIFICATE OF ATTE	NDING PHYSICIAN OR MIDWIFE*
me have the said them	1- m. 25 3 80
I hereby certify that I attended the birth of above of	onlid, and that it door and any and . 1900, at
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	extens on back to the return See to-
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 190 Address	3/ 12/2/2011
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STATE OF MINTHE TO STATE	STATE OF MICHIGAN TO TRAIT
County of Mashtewary	retment of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Sylvace Village of Chelses	Registered No. 18
City of (No.	St.;Ward)
OF CHILD Villiam Emp	Intataly (If child is not yet pamed, make supplemental report, as directed.
Sex of Child Male Twin, triplet, or other? Ho and I Mumber in order of birth	Legill Birth June, H 1943 (Month) (Day) (Year)
FATHER Somes Sinatale	MAIDEN MARY Sarrel
RESIDENCE Chulsea Mich	RESIDENCE Chulseg Mich.
OR RACE Mite 1 AGE AT LAST 20 (Fears)	OR RACE White AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	Inlade Shiladelphia Fine.
Labor Stuf Ball, Factory	OCCUPATION MARKAGES
Number of child of this mother Fourth	Number of children, of this mother, now living Journ
	NG PHYSICIAN OR MYDWIFE Pad 3 at 4 500M
I hereby certify that I attended the birth of above child,	Hudrey H. 11. MX
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	6 1903
Given or christian name added from a supplemental report Nov. 1963 Address	Chulsea Michy
EM Marony Filed full	ebith, 1963 6M. Maroney

County of Sasyllual	Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Lyhau	- The state of the
Village of Chilseg	Registered No.
or \ / / //	
City of (No	st;
FULL NAME	ley, Don 1 (If child is not yet name
OF CHILD THE CHILD	If child is not yet name supplemental report, as c
Sex of 6 (Number	Date of Control
child Male or other?	male? Ma Birth 1111
TULL A FATHER //	(Month) (Day)
NAME WILL	MAIDEN
William Don	NAME Meny Sheller
RESIDENCE	RESIDENCE
philsea ,	(hilseg &
COLOR DE AGE AT LAST DIRTHDAY	COLOR OR RACE DE BIRTADAY
(Years	
BIRTHPLACE // /M	BIRTHPLACE
adrian Much	n heedom wit
OCCUPATION TITLE	OCCUPATION
meight ageur	ime
Number of child of this mather	Number of shildren of this mether sent thing two
Number of child of this marner	Number of children, of this mother, now living
CERTIFICATE OF ATT	ENDING PHYSICIAN OR MIDWIFE*
d 24 13 810	13/1/18/11
I hereby certify that I attended the birth of above	child, and that it occurred on 1900, at
When there was no attending physician or midwife, then the father, householder.	Jes Moline
etc., should make this return. See in-	13
structions on back. Dated	
Given or christian name added from a	(Attending physician, midwife father, etc.*)
supplemental report 190 Address	o Chilsea Thich

County of Manguerau	RE	CORD OF BIRTH	
Township of Carlo		Registere	d No 21
Village of Chelled		negistere	u 210,
City of (No.		S. S.	t.;
FULL NAME	2/1	The state of the s	NAME
OF CHILD Margaret youse	e yarron	Supp	ild is not yet name elemental report, as
Sex of think triplet, or other? and { Number in order of birth	Legiti-	Birth July	
John & Galion	FULL MAIDEN NAME	MOTHER MOTHER	balock
RESIDENCE Chilses	RESIDENCE	Chelse	a
or race Thite AGE AT LAST 38 BIRTHDAY (Years	OR RACE Whit		TLAST 30 (Years
BIRTHPLACE	BIRTHPLACE	Sylvan Tow	nship
OCCUPATION Butcher	OCCUPATION	Housek	uper
Number of child of this mother	Number of children, of t	his mother, now living	3
CERTIFICATE OF ATT	1.	1 (11)	5 10
I hereby certify that I attended the birth of above	child, and that it occurre	of July 1	90.0 at/00
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See in- structions on back.	Vidin Q	mill.	dwife, then the
Given or christian name added from a	1901)	(Attending physician, midwi	fe, father, etc.*)
CASSAC A REPORT OF THE PROPERTY OF THE PROPERT	o bhil	100 ///- /	

é	PLACE OF BIRTH	STATE OF MICHIGAN					
8	County of Nashtanaul	Department of StateDivision of Vital Statistics RECORD OF BIRTH					
	Township of Lifty gu	7.3					
CORD .	Village of Chilled	Registered No.					
A th	City of No	St.; Ward					
INERT	FULL NAME OF CHILD Sarola Sichard Cherander Supplemental report, as directed						
PERME made for	Sex of Male Twin, triplet, er other? To and Number of birth	Legilimate? Hes Birth July (Markh) (Pay) (Year					
IS A IS A Ust be	Miles. Talledander	MAIDEN NAME Gears May Swart-					
ADING INKTHIS SEPARATE RETURN IN In order of birth, stated.	RESIDENCE Chalseg Mich	RESIDENCE Chilsea Mich					
	or race with age at Last 37 BIRTHDAY. (Ygars)	COLOR OR RACE White BIRTHDAY (Years)					
	BIRTHPLACE Chalsey Mich	BIRTHPLACE Morthville Mich					
Z Z c	Section Laborer DUR.	occupation at Home					
WITH Late bi	Number of child of this mother Fifth	Number of children, of this mother, now living					
M. ohild	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE						
n on	I hereby certify that I attended the birth of above child	d, and that it occurred on July 19 1963, at 645 1 MM					
TA PE	or midwife, then the father, householder, etc., should make this return. See instructions on back.	andros Gild Mx.					
Case of	Given or christian name added from a	(Attending physican, midwife, father, etc.*)					
H.	supplemental report Wi 1903 Address	lug 1 mil					
×	REGISTRAR. Piled file	1963 611 Marring REGISTRAR.					

ADEROIM NO STA

EXTRACT FROM THE REGISTRATION LAW FOR BIRTHS IN FORCE JANUARY 1, 1906. (Public Act No. 330 of 1905.)

The People of the State of Michigan enact.

Section 1. All births that occur in the State shall be immediately registered in the districts where they occur, which primary registration districts shall be the same as those provided for the registration of deaths. . It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out with all the particulars required by this act, with the local registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the father of the child, householder, manager or superintendent of public or private institution, or other competent person having cognizance of the facts, to file said certificate of birth with the local registrar within ten days after birth.

Sec. 11. Any physician or midwife in attendance upon a case of confinement who shall neglect or refuse to file a proper certificate of birth with the local registrar within the time required by this act, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than five dollars nor more than fifty dollars, or shall be imprisoned not to exceed thirty days, or shall suffer both such fine and imprisonment at the discretion of the court. . . Any registrar who shall neglect or fail to enforce the provisions of this act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this act or by the instructions and directions of the Secretary of State, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than ten dollars nor more than one hundred dollars, or be imprisoned not over thirty days, or shall suffer both such fine and imprisonment at the discretion of the court.

DUTY OF PHYSICIANS AND MIDWIVES ATTENDING BIRTHS.

The attending physician or midwife is required, under penalty provided in the law as quoted in the extract above, to file a properly made out certificate of birth with the township, village or city clerk (or, in certain cities, with the health officer) WITHIN TEN DAYS AFTER BIRTH. The local registrar is obliged, under penalty, to report violations of this requirement. No certificate made out in pencil will be accepted. PLEASE WRITE PLAINLY AND TAKE PAINS TO MAKE A CORRECT STATEMENT OF THE FACTS REQUIRED BY LAW, AS THE RECORD MAY BECOME OF GREAT LEGAL AND PERSONAL IMPORTANCE.

DUTY OF REGISTRARS OF BIRTHS.

1. Appoint a deputy to act only in the illness, absence or other disqualification of the registrar.

2. Examine each certificate of birth when filed by the physician, midwife or other person and see that all of the items required by law are properly filled out. If absolutely impossible to ascertain any fact, the space should be filled by the word "Unknown." DO NOT ACCEPT A CERTIFICATE MADE OUT IN PENCIL UNDER ANY CIRCUMSTANCES. No credit will be given for it. A stillbirth should be registered both as a birth and as a death.

3. Immediately record the certificate in the local register, numbering it in order beginning with "No. 1" for the first birth that occurs in each year. ENTER THE SAME NUMBER ON THE CERTIFICATE, WITH DATE OF FILING IN YOUR OFFICE AND YOUR OFFICIAL SIGNATURE. No certificates not properly numbered, dated and signed by the registrar will be creaited.

4. It Christian name is not stated in original return, issue a "Supplemental Report" blank to the reporter, and record when returned.

5. Send in to Secretary of State all certificates of births in your possession when making your report of deaths on the FOURTH (4th) day of the month, except only those belonging to the month just begun.

6. Make quarterly transcript for County Clerk and at once report any violation or infraction of the law to the Secretary of State. All registrars should carefully read the entire law and refer to it or the Secretary of State in case of any difficulty or doubt in regard to the details of its execution.

Copies of the law and blank certificates of birth will be supplied by the Local Registrar or by the Secretary of State