

# STATE OF MICHIGAN

## Department of State—Division of Vital Statistics

# REGISTER OF BIRTHS

PUBLIC ACT NO. 330 OF 1905

*Village* of *Chelsburg*  
 (Township or Village.)

County of *Washtenaw*

From *June 15*, 19*11*, to *August 15*, 19*13*  
*H. E. Cooper, Clerk* *W. H. Mearns, Clerk*

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

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



MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

County of

Washtenaw

Township of

or

Village of

or

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

Robert Orion Winans

Registered No. 21

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

Sex of  
child

Male

Twin,  
triplet,  
or other?

Single

Number  
in order  
of birth

1

Legiti-  
mate?

yes

Date of  
Birth

June 15, 1961

FULL  
NAME

FATHER

Eduard Winans

RESIDENCE

Cubersq

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Cubersq

OCCUPATION

Jeweler

Number of child of this mother

Two

FULL  
MAIDEN  
NAME

MOTHER

Leora Burkhardt

RESIDENCE

Cubersq

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Living Twp. 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 June 15, 1961, at L. 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 June 20, 1961

Physician

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

Given or christian name added from a

supplemental report 190

Address

Cubersq

Filed June 24, 1961

Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or Village of Chester

City of \_\_\_\_\_

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registered No. 22FULL NAME OF CHILD Helmi Ruth Schulte

{ 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 birth \_\_\_\_\_ }Legitimate? yesDate of Birth June 16, 1901  
(Month) (Day) (Year)FULL NAME FATHER Arthur SchulteFULL MAIDEN NAME MOTHER Estella WeberRESIDENCE ChesterRESIDENCE ChesterCOLOR OR RACE white AGE AT LAST BIRTHDAY 27 (Years)COLOR OR RACE white AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE Detroit MichBIRTHPLACE Chester MichOCCUPATION MachinistOCCUPATION 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 16, 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 June 20, 1901 Physician

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address ChesterFiled June 24, 1901 Hector Cooper

REGISTRAR.

REGISTRAR.

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

Washtenaw

Township of

or

Village of

or

City of

(No.

St;

Ward)

FULL NAME  
OF CHILD

Margaretta Mohrlock

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

Sex of  
child

Female

Twin,  
triplet,  
or other?

}

and

{ Number  
in order  
of birthLegiti-  
mate?

yes

Date of  
BirthJune 26, 1901  
(Month) (Day) (Year)FULL  
NAME

FATHER

Michael Mohrlock

RESIDENCE

Chelsra

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY43  
(Years)

BIRTHPLACE

Chelsra

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

MOTHER

Minnie Helaker

RESIDENCE

Chelsra

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Holt Michigan

OCCUPATION

Housewife

Number of child of this mother

4

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 June 26, 1901, at 8 P. M.

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

(Signature)

S. G. Bush

Dated

July 6, 1901

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

Given or christian name added from a  
supplemental report

190

Address

Chelsra

Filed

July 11, 1901

Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

County of

Department of State--Division of Vital Statistics

Township of

RECORD OF BIRTH

Village of

Registered No.

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD{ 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

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

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 July 5, 1911, at 7 P. M.

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

(Signature)

Dated

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

Address

Filed

Given or christian name added from a  
supplemental report 190

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.



MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH Washtenaw  
 County of Washtenaw  
 Township of Cherlesra  
 or  
 Village of Cherlesra  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics

## RECORD OF BIRTH

Registered No. 25-

FULL NAME OF CHILD

Olita Helen Seitz

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

Sex of child

Female

Twin, triplet, or other?

✓

and (Number in order of birth)

1

Legitimate?

yes

Date of Birth

July211901

(Month)

(Day)

(Year)

FULL NAME

FATHER

George M. Seitz

FULL MAIDEN NAME

MOTHER

Freda Marie Hartman

RESIDENCE

Cherlesra

RESIDENCE

Cherlesra

COLOR OR RACE

white

AGE AT LAST BIRTHDAY

26

(Years)

COLOR OR RACE

white

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

Living Twp. Wash. Co.

BIRTHPLACE

Germany

OCCUPATION

Proprietor Ice Cream Parlor

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 July 21, 1901, at 1.05 PM

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

(Signature)

Andrus G. Golder

Dated

July 22, 1901Physician

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address

Cherlesra Mich.

Filed

July 22, 1901Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH  
County of Washington

Township of \_\_\_\_\_  
or  
Village of Chelsa

City of \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Virginia Merian Barbour  
(If child is not yet named, make supplemental report, as directed.)

Sex of child Female Twin, triplet, or other? \_\_\_\_\_ and (Number in order of birth) \_\_\_\_\_ Legitimate? yes Date of Birth July 22 1901  
(Month) (Day) (Year)

FATHER  
FULL NAME Glenn H. Barbour

RESIDENCE Chelsa

COLOR OR RACE white AGE AT LAST BIRTHDAY 23  
(Years)

BIRTHPLACE Watherton Mich

OCCUPATION Barber

MOTHER  
FULL MAIDEN NAME Emma M. Rock

RESIDENCE Chelsa

COLOR OR RACE white AGE AT LAST BIRTHDAY 23  
(Years)

BIRTHPLACE Lima Prop. Wash. Co.

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 July 22 1901 at 1.00 PM Standard

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

(Signature) Andrew G. Galt

Dated July 24 1901 Physician  
(Attending physician, midwife, father, etc. \*)

Address Chelsa

Signed July 24 1901 Hector Cooper REGISTRAR.

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

REGISTRAR.

M. 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



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 _____ or Village of <u>Chelsea</u> or		RECORD OF BIRTH	
City of _____ (No. _____, St.; _____ Ward)		Registered No. <u>27</u>	
FULL NAME OF CHILD <u>Raymond Nelson Dancer</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> } and (Number in order of birth _____)	Legitimate? <u>Yes</u>	Date of Birth <u>July 22, 1911</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Herman Jay Dancer</u>		FULL MAIDEN NAME MOTHER <u>Carrie Louise Schrak</u>	
RESIDENCE <u>Chelsea</u>		RESIDENCE <u>Chelsea</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Sylvan Twp. Wash. Co.</u>		BIRTHPLACE <u>Sylvan Twp. Wash. Co.</u>	
OCCUPATION <u>Clothing Merchant</u>		OCCUPATION <u>At Home</u>	
Number of child of this mother <u>Third</u>		Number of children, of this mother, now living <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on July 22, 1911 at 11 P. M. Standard

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

(Signature) Andrew G. GaltDated July 24, 1911Address Chelsea MichFiled July 24, 1911

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or

Village of Chickara

or

City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registered No. 28FULL NAME  
OF CHILDBenjamin Edward Shepard{ If child is not yet named, make  
supplemental report, as directed.Sex of  
childMaleTwin,  
triplet,  
or other?Singleand { Number  
in order  
of birth1Legiti-  
mate?yesDate of  
BirthJuly

(Month)

25

(Day)

1901

(Year)

FULL  
NAME

FATHER

William Shepard

RESIDENCE

ChickaraCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY36

(Years)

BIRTHPLACE

Venice Ohio

OCCUPATION

MechanicFULL  
MAIDEN  
NAME

MOTHER

Viолетта Битов

RESIDENCE

ChickaraCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY32

(Years)

BIRTHPLACE

Venice Ohio

OCCUPATION

Housewife

Number of child of this mother

6

Number of children, of this mother, now living

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on July 25, 1901, at 9 A. M.\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. See in-  
structions on back.

(Signature)

S. G. Bush

Dated

Aug 2 1901

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

Address

Chickara

supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Filed

Aug 2 1901Hector Cooper

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 220-6-08-2,000

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



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 _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>29</u>	
or City of _____ (No. _____, St.; _____ Ward)			
FULL NAME OF CHILD <u>Ruby Pearl McDaid</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Female</u>	Twin, triplet, or other? <u>no</u> } and { Number in order of birth _____ }	Legitimate? <u>yes</u>	Date of Birth <u>August 5, 1901</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Alexander P. McDaid</u>	FULL MAIDEN NAME MOTHER <u>Pearl Louise Steimer</u>		
RESIDENCE <u>Chelsea</u>	RESIDENCE <u>Chelsea</u>		
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Geniott Co. Mich.</u>	BIRTHPLACE <u>Jackson Co. Mich.</u>		
OCCUPATION <u>Grocery Clerk</u>	OCCUPATION <u>At Home</u>		
Number of child of this mother <u>Second</u>		Number of children, of this mother, now living <u>no</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Aug. 5, 1901 at 1-11 P.M.

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

(Signature) Andrew G. GilderDated Aug 7, 1901 Physician

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190\_\_\_\_\_

Address Chelsea MichFiled Aug 7, 1901 Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of

Washtenaw

RECORD OF BIRTH

Township of

or

Village of

or

City of

(No.

St.;

Ward)

Registered No. 30

FULL NAME  
OF CHILD

Richard Elias. Koons

(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 birth)Legiti-  
mate?

yes

Date of  
Birth

Aug 17, 1901

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

MOTHER

Robert Bruce Koons

FULL  
MAIDEN  
NAME

Amelia Shepard

RESIDENCE

Columbia

RESIDENCE

Columbia

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY41  
(Years)COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Watson, Pa.

BIRTHPLACE

Venice Ohio

OCCUPATION

Manager Cement Plant

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 Aug 17, 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. Bush

Dated

Aug 27, 1901

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

Address

Columbia

Filed

Aug 27, 1901

Hector Cooper

REGISTRAR.

REGISTRAR.

M. 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



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 _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>31</u>	
or City of _____ (No. _____, St.; _____ Ward)			
FULL NAME OF CHILD <u>Myrtle Marie Hagadon</u>		(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>	Legitimate? <u>yes</u>	Date of Birth <u>Aug. 25, 1901</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Robert I. Hagadon</u>	FULL MAIDEN NAME MOTHER <u>Mabel M. Foster</u>		
RESIDENCE <u>Chelsea</u>	RESIDENCE <u>Chelsea</u>		
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Wally Mich.</u>	BIRTHPLACE <u>Howell Mich.</u>		
OCCUPATION <u>Carpenter</u>	OCCUPATION <u>At Home</u>		
Number of child of this mother <u>First</u>		Number of children, of this mother, now living <u>One</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Aug 25, 1901 at 11:50 P. M.

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

(Signature) Andrew G. GaltDated Aug 29, 1901

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address ChelseaFiled Aug 29, 1901

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

Village of Chelsea

City of \_\_\_\_\_

Registered No. 32FULL NAME  
OF CHILDJohn Arthur Visel{ If child is not yet named, make  
supplemental report, as directed.Sex of  
child MaleTwin,  
triplet,  
or other? no{ Number  
in order  
of birth 1Legiti-  
mate? yesDate of  
BirthSept 7, 1901  
(Month) (Day) (Year)FULL  
NAME

FATHER

John ViselFULL  
MAIDEN  
NAME

MOTHER

Mary Agnes Herlan

RESIDENCE

Chelsea Mich

RESIDENCE

Chelsea MichCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY35  
(Years)COLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Northfield Twp. Wash. Co. Mich

BIRTHPLACE

Sylvan Twp. Wash. Co. Mich

OCCUPATION

Carpenter

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

Sept 7, 1901, at 12:30 AM Standard\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. See in-  
structions on back.

(Signature)

Andrew Gault

Dated

Sept 8, 1901

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

Address

Chelsea Mich

Filed

Sept 8, 1901Hector Cooper

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 220—6-08-2,000

In order of birth, stated.

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.



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 _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>33</u>	
or City of _____ (No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD <u>Harold Highman</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 _____	Legitimate? <u>yes</u>	Date of Birth <u>Sept. 13<sup>th</sup></u> , 19 <u>01</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Hugh. Highman</u>	FULL MAIDEN NAME MOTHER <u>Florence E. Love day</u>		
RESIDENCE <u>Chelsea.</u>	RESIDENCE <u>Chelsea.</u>		
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY _____ (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Old. England.</u>	BIRTHPLACE <u>Old. England.</u>		
OCCUPATION <u>Machine Operator</u>	OCCUPATION <u>None two</u>		
Number of child of this mother <u>2<sup>nd</sup></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 13, 1901, at 1 8<sup>PM</sup> M.

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

(Signature) Geo. M. PalmerDated Sept 13 1901Physician

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

Given or christian name added from a

supplemental report Jan 4 1902Address ChelseaFiled Sept 13, 1901Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washtenaw

## RECORD OF BIRTH

Township of

or

Village of

Chelsea

Registered No. 34

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

Ada Voss Hamp

(If child is not yet named, make  
supplemental report, as directed.)Sex of  
childFemale  
WhiteTwin,  
triplet,  
or other?

Single

and {Number  
in order  
of birthLegiti-  
mate?

yes

Date of  
BirthSept. 11<sup>th</sup>

(Month)

(Day)

(Year)

1901

FULL  
NAME

FATHER

George E. Hamp

RESIDENCE

Chelsea Mich

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Fulton Co. Ohio

OCCUPATION

Blacksmith

FULL  
MAIDEN  
NAME

MOTHER

Lena Gortz

RESIDENCE

Chelsea Mich

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Lima Iron Mich

OCCUPATION

House Keeper

Number of child of this mother

3<sup>rd</sup>

Number of children, of this mother, now living

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Sept 11<sup>th</sup> 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.)

(Signature)

H. W. Schmidt

Dated

Sept 11<sup>th</sup> 1901

Physician

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

Address

Chelsea Mich

Filed

Sept 11, 1901

Hector Cooper

supplemental report

190

REGISTRAR.

REGISTRAR.

M. 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



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 Washburn

Township of \_\_\_\_\_

or  
Village of Chelseaor  
City of \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

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

Sex of child <u>Female</u>	Twin, triplet, or other? _____	and (Number in order of birth) <u>no</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug - 27<sup>th</sup></u> , 19 <u>01</u>
			(Month)	(Day) (Year)

FULL NAME <u>Arvin Leroy Terry</u>	FATHER	FULL MAIDEN NAME <u>Blanch. Perrine</u>	MOTHER
---------------------------------------	--------	--------------------------------------------	--------

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

COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
-------------------------------	----------------------------------------	-------------------------------	----------------------------------------

BIRTHPLACE <u>Woodstock Town Mich</u>	BIRTHPLACE <u>Grand Rapids Mich</u>
------------------------------------------	----------------------------------------

OCCUPATION <u>Laborer</u>	OCCUPATION <u>House Keeper</u>
------------------------------	-----------------------------------

Number of child of this mother 2ndNumber 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 27<sup>th</sup>, 1901, at 745a 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 Sept 11<sup>th</sup>, 1901Physician

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

Given or christian name added from a

supplemental report \_\_\_\_\_ 190\_\_\_\_

Address

Chelsea Mich

Filed

Sept 11, 1901Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washtenaw

## RECORD OF BIRTH

Township of

or

Village of

or

City of

(No. \_\_\_\_\_,

St.; \_\_\_\_\_

Ward)

Registered No. 36

FULL NAME  
OF CHILD

Louis William Doll

{ 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

1

Legiti-  
mate?

Yes

Date of  
Birth

Sept 17, 1961

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

William Doll

RESIDENCE

Chelsea

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Dexter Twp. Wash. Co. Mich

OCCUPATION

Labourer

FULL  
MAIDEN  
NAME

MOTHER

Anna Beissel

RESIDENCE

Chelsea

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Chelsea

OCCUPATION

Nurse

Number of child of this mother

2nd

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 17, 1961, at 1 A. M.

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

(Signature)

Geo. W. Palmer

Dated

Sept 21, 1961

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

Address

Chelsea Mich

Filed

Sept 23, 1961

Hector Cooper

Given or christian name added from a  
supplemental report Jan 4 1962

Hector Cooper

REGISTRAR.

REGISTRAR.

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

Form 230-6-68-2,000

N. B.—In case of more than one child at a birth, a SEPARATE REPORT 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		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>37</u>	
or City of _____ (No. _____, St.; _____ Ward)			
FULL NAME OF CHILD <u>Stephen Geo. Clark</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> } and (Number in order of birth _____)	Legitimate? <u>Yes</u>	Date of Birth <u>Sept. 27</u> , 19 <u>01</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Geo. C. Clark</u>	FULL MAIDEN NAME MOTHER <u>Mary A. Clark</u>		
RESIDENCE <u>Chelsea</u>	RESIDENCE <u>Chelsea</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>Sylvan Twp. Mich.</u>	BIRTHPLACE <u>Sylvan Twp. Mich.</u>		
OCCUPATION <u>Operator on Automatic Machine</u>	OCCUPATION <u>None</u>		
Number of child of this mother <u>2nd</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 27, 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) Geo. W. PalmerDated Sept 28, 1901 Physician

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190\_\_\_\_

Address ChelseaFiled Sept 29, 1901 Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

Village of ChelseaRegistered No. 38

City of \_\_\_\_\_

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Walter Appleton

(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 birth} Legitimate? yes Date of Birth Sept 24, 1901 (Month) (Day) (Year)FULL NAME FATHER William AppletonFULL MAIDEN NAME MOTHER Anna ShieldsRESIDENCE ChelseaRESIDENCE ChelseaCOLOR OR RACE white AGE AT LAST BIRTHDAY 29 (Years)COLOR OR RACE white AGE AT LAST BIRTHDAY 20 (Years)BIRTHPLACE Conoshohocken PaBIRTHPLACE Norristown PaOCCUPATION Tool MakerOCCUPATION HousewifeNumber of child of this mother 1st 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 Sept 24, 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 Oct 2, 1901 Physician

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

Given or christian name added from a supplemental report 190Address ChelseaFiled Oct 2, 1901 Hector Cooper

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.



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 Chelseaor  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)FULL NAME OF CHILD Lawrence H. Oestrich

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

Sex of child <u>Male</u>	Twin, triplet, or other? <u>Single</u>	and (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Oct. 12, 1901</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Fred Oestrich</u>	FULL MAIDEN NAME MOTHER <u>Theresa Gritsund</u>			
RESIDENCE <u>Chelsea</u>	RESIDENCE <u>Lawn</u>			
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Saline Twp Washtenaw Co., Mich</u>	BIRTHPLACE <u>Jackson Mich</u>			
OCCUPATION <u>Labourer</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 Oct 12, 1901, at 9 A. M.

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

(Signature) Byron DefendorfDated Oct 31, 1901

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190\_\_\_\_

Address ChelseaFiled Oct 31, 1901 Hector Cooper

REGISTRAR.

REGISTRAR.



## PLACE OF BIRTH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or  
Village of Columbiaor  
City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)Registered No. 130FULL NAME  
OF CHILD Howard James Fisk{ 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 birth 1 Legitimate? yes Date of Birth Oct 30, 1941 (Month) (Day) (Year)FULL NAME  
FATHER Edward FiskRESIDENCE ColumbiaCOLOR OR RACE white AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE MichiganOCCUPATION EngineerFULL MAIDEN NAME  
MOTHER Ava HarperRESIDENCE ColumbiaCOLOR OR RACE white AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE MichiganOCCUPATION NoneNumber of child of this mother 1 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 Oct 30, 1941, at 9 A. M.

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

(Signature) J. G. WoodsDated Nov 7, 1941 Physician

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

Address Columbia Mich.Filed Nov. 7, 1941 Hector Cooper

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

REGISTRAR.

REGISTRAR.

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

Form 220-6-08-2-000

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



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

or

Village of

or

City of

(No.

St;

Ward)

FULL NAME  
OF CHILD

Louis

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## RECORD OF BIRTH

Registered No.

40

{ 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 birth)	1	Legitimate?	yes	Date of Birth	Nov.	1	1901	
								(Month)	(Day)	(Year)		
FULL NAME	FATHER					MOTHER						
	Ercol Zingoni					Letigarda De Cesaris						
RESIDENCE	Cubana					Cubana						
COLOR OR RACE	White		AGE AT LAST BIRTHDAY		28	COLOR OR RACE		White		AGE AT LAST BIRTHDAY		23
					(Years)							(Years)
BIRTHPLACE	Italy					Italy						
OCCUPATION	Ball grinder in Factory					None						
Number of child of this mother					Third	Number of children, of this mother, now living					3	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Nov. 1, 1901, 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)

J. G. Woods

Dated

Nov 7, 1901

Physician

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

Given or christian name added from a supplemental report

Nov 4th 1901

Address

Cubana

Filed

Nov. 7, 1901

Hector Cooper

REGISTRAR.

REGISTRAR.



County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or  
Village of Chelseaor  
City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)Registered No. 42FULL NAME  
OF CHILDMary Virginia Wheeler(If child is not yet named, make  
supplemental report, as directed.)Sex of child Female Two, triplet, or other? Single and { Number in order of birth 1 Legitimate? yes Date of Birth Nov, 18, 1901 (Month) (Day) (Year)FULL NAME FATHER Wm WheelerRESIDENCE ChelseaCOLOR OR RACE White AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE Detroit Pop, MichOCCUPATION BlacksmithFULL MAIDEN NAME MOTHER Amy FosterRESIDENCE ChelseaCOLOR OR RACE White AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE ChelseaOCCUPATION HousewifeNumber of child of this mother 4Number of children, of this mother, now living 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Nov 18, 1901, at 69 M.(Signature) S. G. BushDated Nov 18, 1901 Physician

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

Address ChelseaFiled Nov 18, 1901 Hector Cooper

\* 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\_\_\_\_

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

Form 220-6-08-2-000

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

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 _____ or _____		RECORD OF BIRTH	
Village of <u>Colersea</u> or _____		Registered No. <u>43</u>	
City of _____ (No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD <u>Arlington</u>		<u>Alexander</u>	
{ If child is not yet named, make supplemental report, as directed.			
Sex of child <u>Male</u>	Twin, triplet, or other? <u>Single</u>	Legitimate? <u>yes</u>	Date of Birth <u>Nov</u> , <u>29</u> , 19 <u>01</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Archib Alexander</u>		FULL MAIDEN NAME MOTHER <u>Maud Ellen McCormick</u>	
RESIDENCE <u>Colersea</u>		RESIDENCE <u>Colersea</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>21</u> (Years)
BIRTHPLACE <u>Colersea Mich</u>		BIRTHPLACE <u>Detroit Mich</u>	
OCCUPATION <u>Driver Delivery Wagon</u>		OCCUPATION <u>At Home</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 29, 1901, 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) Andrew G. GuldDated Nov 30, 1901

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190\_\_\_\_

Address ColerseaFiled Dec 1, 1901

REGISTRAR.

REGISTRAR.



## PLACE OF BIRTH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washtenaw

## RECORD OF BIRTH

Township of

Clerksburg

Village of

Clerksburg

City of

(No. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward \_\_\_\_\_

Registered No. 444

FULL NAME  
OF CHILD

Kathryn Allen Jewett

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

Sex of  
child

Female

Twin,  
triplet,  
or other

Single

(Number  
in order  
of birth)

1

Legiti-  
mate?

Yes

Date of  
Birth

Nov 28, 1901

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Russell Jewett

RESIDENCE

Clerksburg

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

30

(Years)

BIRTHPLACE

Cambridge Mass

OCCUPATION

Draftsman

FULL  
MAIDEN  
NAME

MOTHER

Lenore Curtis

RESIDENCE

Clerksburg

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

26

(Years)

BIRTHPLACE

Clerksburg Mich

OCCUPATION

Housewife

Number of child of this mother

1

Number of children, of this mother, now living

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Nov 28, 1901, at 7 P. M.

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

(Signature)

S. G. Bush

Dated

Dec 4, 1901

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

Given or christian name added from a

supplemental report

190

Address

Clerksburg

Filed

Dec 4, 1901

Hector Cooper

REGISTRAR.

REGISTRAR.

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, as to females, and age, must be given at the birth, and at the time of birth, stated.

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or Village of <u>Coltsburg</u>		Registered No. <u>43</u>	
or City of _____ (No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD <u>(Still Birth)</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <u>Male</u>	Twin, triplet, or single? <u>Single</u>	Legitimate? <u>yes</u>	Date of Birth <u>Dec 3</u> , 19 <u>01</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Harry Spiegelberg</u>		MOTHER FULL MAIDEN NAME <u>Lula Steger</u>	
RESIDENCE <u>Coltsburg</u>		RESIDENCE <u>Coltsburg</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Weston Twp. Wash. Co</u>		BIRTHPLACE <u>Coltsburg</u>	
OCCUPATION <u>Drug Clerk</u>		OCCUPATION <u>Nurse</u>	
Number of child of this mother <u>3rd</u>		Number of children, of this mother, now living <u>One</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Dec 3, 1901 at 5 PM 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 Dec 6 1901

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

Given or christian name added from a

supplemental report \_\_\_\_\_ 190

Address ColtsburgFiled Dec 6, 1901

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or  
Village of Chelseaor  
City of \_\_\_\_\_

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registered No. 461FULL NAME  
OF CHILDRichard Sweeney { If child is not yet named, make supplemental report, as directed.Sex of child Male Twin, triplet, or other? None and (Number in order of birth) 1 Legitimate? Yes Date of Birth Jan 1, 1962 (Month) (Day) (Year)FULL NAME FATHER Irab Sweeney FULL MAIDEN NAME MOTHER May H BaderRESIDENCE Chelsea RESIDENCE ChelseaCOLOR OR RACE White AGE AT LAST BIRTHDAY 30 (Years) COLOR OR RACE White AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE Wayne Mich BIRTHPLACE Toronto CanadaOCCUPATION Foreman Plaster Mfg Co OCCUPATION At HomeNumber 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 Jan 1, 1962, at 12:00 M. Stand

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

(Signature) Andrew Guder M.D.Dated Jan 8 1962 (Attending physician, midwife, father, etc.)\*Address ChelseaFiled Jan 4, 1962 Hector CooperGiven or christian name added from a supplemental report Oct 10 1962Hector Cooper 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.

Form 220-6-08-2,000



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

Township of

Village of

City of

(No.

St;

Ward)

FULL NAME  
OF CHILD

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No.

Sex of  
childTwin,  
triplet,  
or other?and (Number  
in order  
of birthLegiti-  
mate?Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

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 Dec 26, 1902, at 10:30 M.

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

(Signature)

Dated

Address

Filed

Given or christian name added from a  
supplemental report 190

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washtenaw

## RECORD OF BIRTH

Township of

Clerken

Registered No.

278

Village of

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

Claude Sears Rogers

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

Sex of  
child

Male

Twin,  
triplet,  
or other?

1

and (Number  
in order  
of birth

1

Legiti-  
mate?

Yes

Date of  
Birth

Jan 4, 1902

(Month) (Day) (Year)

FULL  
NAME

FATHER

Leon Rogers

FULL  
MAIDEN  
NAME

MOTHER

Florence Martin

RESIDENCE

Clerken

RESIDENCE

Clerken

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY31  
(Years)COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Stockbridge Mich

BIRTHPLACE

Reading Mich

OCCUPATION

Bookkeeper

OCCUPATION

None

Number of child of this mother

4

Number of children, of this mother, now living

3rd

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Jan 4, 1902, at 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

Jan 2, 1902

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

Given or christian name added from a

Address

Clerken

Filed

Jan 13, 1902

REGISTRAR.

supplemental report

Nov 5 - 1902

Hector Cooper

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 220-6-08-2,000

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



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.

St;

Ward)

FULL NAME  
OF CHILD

John George

Adrian

Registered No.

4793

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

Male

Twin,  
triplet,  
or other?

{ }

and { }

Number  
in order  
of birthLegiti-  
mate?

Yes

Date of  
Birth

Jan

12

1902

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

John G. Adrian

FULL  
MAIDEN  
NAME

MOTHER

Anna Mohrloch

RESIDENCE

Chelsea

RESIDENCE

Chelsea

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY37  
(Years)COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Germany

BIRTHPLACE

Sybran Exp. Mich

OCCUPATION

Butcher

OCCUPATION

None

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 12, 1902, at Chelsea, Mich.

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

(Signature)

Geo. W. Palmer

Dated

Jan 12, 1902

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

Given or christian name added from a

supplemental report

190

Address

Chelsea

Filed

Jan 13, 1902

Hector Cooper

REGISTRAR.

REGISTRAR.



## PLACE OF BIRTH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

Registered No. 4or  
Village of Colerabaor  
City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME  
OF CHILDLouis Edward Holzhauser{ 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    Legitimate? Yes Date of Birth Feb 21, 1912  
(Month) (Day) (Year)FULL NAME FATHER Geo. J. HolzhauserFULL MAIDEN NAME MOTHER Irene Ellen RyanRESIDENCE ColerabaRESIDENCE ColerabaCOLOR OR RACE White AGE AT LAST BIRTHDAY 26  
(Years)COLOR OR RACE White AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE Orsten MichBIRTHPLACE Orsten MichOCCUPATION Fire Stationary EngineerOCCUPATION At HomeNumber of child of this mother ThirdNumber 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 Feb 21, 1912, at 1009 M. staud(Signature) Andrew Galdor M.D.Dated Feb 26, 1912

(Attending physician, midwife, father, etc.)

Address ColerabaFiled Feb 26, 1912 Hector Cooper

\* 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.

REGISTRAR.

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

Form 230-6-08-2-000

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



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 Coltsburg  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

Registered No. 5

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

Sex of child <u>Male</u>	Twin, triplet, or other? <u>  </u>	and { Number in order of birth <u>  </u> }	Legitimate? <u>yes</u>	Date of Birth <u>Feb.</u> , <u>27</u> , 19 <u>02</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>John B. Mergens</u>			FULL MAIDEN NAME <u>Vener Baden</u>	
RESIDENCE <u>Coltsburg</u>			RESIDENCE <u>Coltsburg</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR OR RACE <u>white</u>		
BIRTHPLACE <u>Minnesota</u>		BIRTHPLACE <u>St Paul Minn</u>		
OCCUPATION <u>Labour</u>		OCCUPATION <u>Nurse</u>		
Number of child of this mother <u>1st</u>			Number of children, of this mother, now living <u>One</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Feb 27, 1902, 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) H. W. SchmidtDated Feb 24, 1902 Physician

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190\_\_

Address ColtsburgFiled March 2, 1902 Hector Cooper

REGISTRAR.

REGISTRAR.



## PLACE OF BIRTH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

Village of Clark

City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME  
OF CHILDGrace Turnbull

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

Sex of child Female

Twin, triplet, or other? \_\_\_\_\_

Number in order of birth \_\_\_\_\_

Legitimate? YesDate of Birth Feb 27, 1907  
(Month) (Day) (Year)

FULL NAME FATHER

Bert B. Turnbull

RESIDENCE

ClarkCOLOR OR RACE WhiteAGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE

Clark

OCCUPATION

Attorney At Law

FULL MAIDEN NAME MOTHER

Horrace Reed Cor

RESIDENCE

ClarkCOLOR OR RACE WhiteAGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE

Clark

OCCUPATION

NurseNumber of child of this mother FifthNumber 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 Feb 27, 1907, at 9 A M.

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

(Signature)

Geo. W. Palmer

Dated

March 2, 1907

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

Address

Clark

Filed

March 4, 1907Hector Cooper

supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 220-6-08-2,000

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



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>Washington</u>		STATE OF MICHIGAN Department of State—Division of Vital Statistics	
Township of _____ Village of <u>Clarksra</u> City of _____		RECORD OF BIRTH Registered No. <u>7</u>	
FULL NAME OF CHILD <u>Herlwig Schanz</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <u>Female</u>	Twin, triplet, or other? <u>Triplet</u> and {Number in order of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of Birth <u>March 25, 1907</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Conrad M. Schanz</u> RESIDENCE <u>Clarksra</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>Lima Prop. Wash. Co</u> OCCUPATION <u>General Day Laborer</u>		MOTHER FULL MAIDEN NAME <u>Miller Grant</u> RESIDENCE <u>Clarksra</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>Jackson Mich</u> OCCUPATION <u>At Home</u>	
AGE AT LAST BIRTHDAY <u>36</u> (Years)		AGE AT LAST BIRTHDAY <u>33</u> (Years)	
Number of child of this mother <u>Fourth</u>		Number of children, of this mother, now living <u>Eleven</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on March 25, 1907, at 6:25 A.M.

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

(Signature) Andros Gilder M.D.Dated March 28, 1907

Given or christian name added from a

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

supplemental report July 4, 1907Address Clarksra MichFiled March 30, 1907

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washington

## RECORD OF BIRTH

Township of

Village of

City of

Registered No.

FULL NAME  
OF CHILD

Alma Schanz

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

Sex of  
child

Female

Twin,  
triplet,  
or other?

Twin

and { Number  
in order  
of birth

2

Legiti-  
mate?

yes

Date of  
Birth

March 25, 1907

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Conrad M. Schanz

RESIDENCE

Charlevoix

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

36

(Years)

FULL  
MAIDEN  
NAME

MOTHER

Nellie Grant

RESIDENCE

Charlevoix

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

33

(Years)

BIRTHPLACE

Lima Twp Wash Co Mich

BIRTHPLACE

Jackson Mich

OCCUPATION

General Day Laborer

OCCUPATION

A T Hour

Number of child of this mother

Eleventh

Number of children, of this mother, now living

Eleven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on March 25, 1907, at 6:10 A.M.

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

(Signature)

Andros Guldre

Dated

March 28, 1907

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

Given or christian name added from a

supplemental report

July 4, 1907

Address

Charlevoix Mich

Filed

March 30, 1907

Hector Cooper

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 220-6-08-2,000

M. 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		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____ or Village of <u>Clarkra</u> or City of _____ (No. _____ St.; _____ Ward)		Registered No. <u>9</u>	
FULL NAME OF CHILD <u>Wilbur M. Howe</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Male</u>	Twin, triplet, or other? <u>✓</u> and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>March 26</u> , 19 <u>17</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Thomas Howe</u> RESIDENCE <u>Clarkra</u> COLOR OR RACE <u>white</u> AGE AT LAST BIRTHDAY <u>37</u> (Years) BIRTHPLACE <u>Watersloo Mich</u> OCCUPATION <u>Labourer</u>		MOTHER FULL MAIDEN NAME <u>Alice McQuinn</u> RESIDENCE <u>Clarkra</u> COLOR OR RACE <u>white</u> AGE AT LAST BIRTHDAY <u>36</u> (Years) BIRTHPLACE <u>Deertr Troph Wash. Co</u> OCCUPATION <u>Nurse</u>	
Number of child of this mother <u>6</u>		Number of children, of this mother, now living <u>Six</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on March 26, 1917, at 59 M.

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

(Signature) Geo. W. PalmerDated March 28, 1917

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

Given or christian name added from a supplemental report 190Address Clarkra MichFiled March 30, 1917

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washtenaw

## RECORD OF BIRTH

Township of

Clerksburg

Village of

City of

(No.

St;

Ward)

Registered No. 10

FULL NAME  
OF CHILD

Elizabeth Bernadine Moore

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

Female

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

Yes

Date of  
Birth

April 10

1902

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Chas. E. Moore

FULL  
MAIDEN  
NAME

MOTHER

Jennie M. Halry

RESIDENCE

Clerksburg

RESIDENCE

Clerksburg

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY28  
(Years)COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Michigan

BIRTHPLACE

Michigan

OCCUPATION

Plumber

OCCUPATION

Housewife

Number of child of this mother

First

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 April 10, 1902, at 4 P. M.

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

(Signature)

J. E. Woods

Date

April 10, 1902

Physician

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

Given or christian name added from a

supplemental report 190

Address

Clerksburg

Filed

April 21, 1902

Hector Cooper

REGISTRAR.

REGISTRAR.

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

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 \_\_\_\_\_  
or  
Village of Clerksburg  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

Registered No. 11

FULL NAME OF CHILD Lilo Isabell McGauley (If child is not yet named, make supplemental report, as directed.)

Sex of child <u>Female</u>	Twin, triplet, or other? <u>✓</u> and (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 6, 1902</u> (Month) (Day) (Year)
FULL NAME FATHER <u>James M. Gauley</u>	FULL MAIDEN NAME MOTHER <u>Lola Farnsworth</u>		
RESIDENCE <u>Clerksburg</u>	RESIDENCE <u>Clerksburg</u>		
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Detroit Mich</u>	BIRTHPLACE <u>Fowlerville Mich</u>		
OCCUPATION <u>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 May 6, 1902, 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 M.D.Dated May 14, 1902

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

Given or christian name added from a

supplemental report 190Address ClerksburgFiled May 15, 1902

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washington

## RECORD OF BIRTH

Township of

or

Village of

or

City of

(No. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward \_\_\_\_\_

Registered No. 12FULL NAME  
OF CHILD

Ruth Marie Hieber

{ 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

4

Legiti-  
mate?

Yes

Date of  
Birth

May 19

1907

(Month) (Day) (Year)

FULL  
NAME

FATHER

Ruben T. Hieber

FULL  
MAIDEN  
NAME

MOTHER

Bessie E. Swarthout

RESIDENCE

Columbia

RESIDENCE

Columbia

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY27  
(Years)COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Freedom Twp. Wash. Co

BIRTHPLACE

Columbia Mich.

OCCUPATION

Foreman Broom Elvater

OCCUPATION

At Home

Number of child of this mother

Second

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 May 17, 1907, at noon M.\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. See in-  
structions on back.

(Signature)

Andrew Guller

Dated

May 20, 1907

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

M. D.

Given or christian name added from a

supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address

Columbia

Filed

May 21, 1907

Hector Cooper

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 2240-6-08-2,000

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



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. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

Registered No. 13

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

Sex of child <u>Male</u>	Twin, triplet, or other? <u>No</u> } and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 15, 1902</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Thomas E. Spreer</u>		MOTHER FULL MAIDEN NAME <u>Clara W. Daubersmith</u>	
RESIDENCE <u>Chelsea</u>		RESIDENCE <u>Chelsea</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Chelsea Mich</u>		BIRTHPLACE <u>Cresco Iowa</u>	
OCCUPATION <u>machinist Plumber</u>		OCCUPATION <u>At Home</u>	
Number of child of this mother <u>fifth</u>		Number of children, of this mother, now living <u>Five</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on May 15, 1902, at 11:15 <sup>PM</sup> <sub>M.</sub>

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

(Signature) Andrew ElderDated May 23, 1902

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190\_

Address ChelseaFiled May 24, 1902

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

Village of Coleraba

City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registered No. 14FULL NAME  
OF CHILDLoid Munawrd{ If child is not yet named, make  
supplemental report, as directed.Sex of  
childMaleTwin,  
triplet,  
or other?No{ Number  
in order  
of birth1Legiti-  
mate?yesDate of  
BirthMay151902FULL  
NAME

FATHER

Miles Alexandr

RESIDENCE

ColerabaCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Ann Arbor Mich

OCCUPATION

Section Laborer D.M.R.FULL  
MAIDEN  
NAME

MOTHER

Pearl May Quont

RESIDENCE

ColerabaCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Northville Mich

OCCUPATION

At Home

Number of child of this mother

Fourth

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 May 15, 1902, at Mon M.\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. See in-  
structions on back.

(Signature)

Andrew Guller

Dated

May 20, 1902

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

Address

Coleraba

Filed

May 21, 1902Hector Cooper

REGISTRAR.

REGISTRAR.

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

Form 230-6-08-2,000



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, as to number of children, must be stated 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 _____		RECORD OF BIRTH	
or Village of <u>Cherbsra</u>		Registered No. <u>15</u>	
City of _____ (No. _____ St.; _____ Ward)			
FULL NAME OF CHILD <u>Lewis Jolie</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> } and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 22, 1902</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Joe Jolie</u>		MOTHER FULL MAIDEN NAME <u>Maggie Bernarde</u>	
RESIDENCE <u>Cherbsra</u>		RESIDENCE <u>Cherbsra</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Rome Italy</u>		BIRTHPLACE <u>Napels Italy</u>	
OCCUPATION <u>Labour</u>		OCCUPATION <u>Housekeeper</u>	
Number of child of this mother <u>1st</u>		Number of children, of this mother, now living <u>One</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on May 22, 1902 at 2:30 A.M.

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

(Signature) A. W. SchmidtDated May 23, 1902 M.D.

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190

Address CherbsraFiled May 23, 1902 Arctor Cooper

REGISTRAR.

REGISTRAR.



## PLACE OF BIRTH

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## RECORD OF BIRTH

County of Washtenaw

Township of \_\_\_\_\_

or Village of Chickara

or \_\_\_\_\_

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

Registered No. 16FULL NAME  
OF CHILDDorothy Mary Pauline Hausen{ If child is not yet named, make  
supplemental report, as directed.Sex of  
childFemaleTwin,  
triplet,  
or other?no

and

{ Number  
in order  
of birth1Legiti-  
mate?yesDate of  
BirthMay241907

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

John Hausen

RESIDENCE

ChickaraCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY23

(Years)

BIRTHPLACE

Lyndon Twp. Wash. Co.

OCCUPATION

clerkFULL  
MAIDEN  
NAME

MOTHER

Lillie M. Paul

RESIDENCE

ChickaraCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY21

(Years)

BIRTHPLACE

Lucia Twp. Wash. Co.

OCCUPATION

None

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 24, 1907, at 3 A. M.{ \* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. See in-  
structions on back. }

(Signature)

Geo. W. Palmer

Dated

May 25, 1907

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

Given or christian name, added from a

supplemental report

July 4, 1907

Address

Chickara Mich

Filed

May 27, 1907Arcton Cooper

REGISTRAR.

REGISTRAR.

M. 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.



MARGIN RESERVED FOR BINDING.

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

N. E.—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

(No.

St;

Ward)

FULL NAME  
OF CHILD

Karin Magdalen Hoffman

Registered No.

17

{ 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 birthLegiti-  
mate?

Yes

Date of  
Birth

May 24, 1902

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Geo. Hoffman

RESIDENCE

Clerksra

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Germany

OCCUPATION

Laborer

FULL  
MAIDEN  
NAME

MOTHER

Marie Essile

RESIDENCE

Clerksra

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Clerksra Mich

OCCUPATION

Housewife

Number of child of this mother

Fifth

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 May 24, 1902, at 6, a. M.

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

(Signature)

S. G. Bush

Dated

May 31, 1902

Physician

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

Given or christian name added from a

supplemental report

Mr.

1903

Address

Clerksra Mich

Filed

June 1, 1902

Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washtenaw

## RECORD OF BIRTH

Township of

Chilusa

Village of

Chilusa

City of

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registered No. 18

FULL NAME  
OF CHILD

Mary Alice Bolling

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

Female

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

Yes

Date of  
Birth

June 7, 1907

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Edward Bolling

RESIDENCE

Chilusa

FULL  
MAIDEN  
NAME

MOTHER

Anna Ryan

RESIDENCE

Chilusa

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY38  
(Years)COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

England

BIRTHPLACE

Buffalo N.Y.

OCCUPATION

Moulder

OCCUPATION

Housewife

Number of child of this mother

3

Number of children, of this mother, now living

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on June 7, 1907, at 3 P. M.

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

(Signature)

S. E. Bush

Dated

June 17, 1907

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

Given or christian name added from a  
supplemental report

190

Address

Chilusa

Filed

June 18, 1907

Hector 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.



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 \_\_\_\_\_  
 or  
 Village of Chickra  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 FULL NAME OF CHILD Rosina Brooks  
 (If child is not yet named, make supplemental report, as directed.)

Sex of child <u>Female</u>	Twin, triplet, or other? <u>2</u> and { Number in order of birth <u>2</u> }	Legitimate? <u>yes</u>	Date of Birth <u>June 7, 1907</u> (Month) (Day) (Year)
FULL NAME <u>Howard Brooks</u>	FATHER	FULL MAIDEN NAME <u>Ella Hieber</u>	MOTHER
RESIDENCE <u>Chickra</u>		RESIDENCE <u>Chickra</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>30</u> (Years)
BIRTHPLACE <u>Chickra</u>		BIRTHPLACE <u>Chickra</u>	
OCCUPATION <u>Merchant</u>		OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>Sixth</u>		Number of children, of this mother, now living <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on June 7, 1907, at 2 P. M.

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

(Signature) S. G. BushDated June 7, 1907

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190\_\_

Address ChickraFiled June 18, 1907

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washtenaw

RECORD OF BIRTH

Township of

Village of

City of

(No.

St;

Ward)

Registered No.

20

FULL NAME  
OF CHILD

Helen Jeanette

Riggs

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

Female

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

Yes

Date of  
Birth

June 21, 1907

(Month) (Day) (Year)

FULL  
NAME

FATHER

Harry F. Riggs

FULL  
MAIDEN  
NAME

MOTHER

Ethel Laskin

RESIDENCE

Coblesburg

RESIDENCE

Coblesburg

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

28

(Years)

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

24

(Years)

BIRTHPLACE

Rochester N.Y.

BIRTHPLACE

Dowling Mich.

OCCUPATION

Machinist

OCCUPATION

At Home

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 June 21, 1907, at 1539 M.

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

(Signature)

Andrew Guld

Dated

June 22, 1907

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

Address

Coblesburg Mich

Filed

June 24, 1907

Hector Cooper

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.



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

Cohoberg

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

Hazel Baxter

{ 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 birth

No

Legiti-  
male?

Yes

Date of  
Birth

June

16

1907

(Month)

(Day)

FULL  
NAME

Milton Baxter

FATHER

FULL  
MAIDEN  
NAME

Ellen Backus

MOTHER

RESIDENCE

Cohoberg

RESIDENCE

Cohoberg

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY28  
(Years)COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

Lansing Mich

BIRTHPLACE

Holley Mich

OCCUPATION

Tailor

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 June 16, 1907, 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)

S. G. Bush

Dated

June 16, 1907

Physician

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

Given or christian name added from a  
supplemental report 190

Address

Cohoberg

Filed

June 26, 1907

Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washington

Township of

Sylvan

Village of

City of

(No. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward)

FULL NAME  
OF CHILD

William Arthur Hepburn

{ 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

June 28, 1902

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Bert Hepburn

RESIDENCE

Clerksa

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY39  
(Years)

BIRTHPLACE

Detroit Mich

OCCUPATION

Laborer

FULL  
MAIDEN  
NAME

MOTHER

Myra Hunter

RESIDENCE

Clerksa

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Clerksa Mich

OCCUPATION

Housewife

Number of child of this mother

Seventh

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 June 28, 1902, at 29 M.

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

(Signature)

H. W. Schmidt

Dated

July 3, 1902

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

Address

Clerksa

Filed

July 4, 1902

Hector Cooper

REGISTRAR.

REGISTRAR.

Given or christian name added from a

supplemental report

Nov 4, 1902

Hector Cooper

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

MARGIN RESERVED FOR BINDING.

Form 230-6-08-2-000

M. 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

or

Village of

Clerksburg

or

City of

(No.

St;

Ward)

FULL NAME  
OF CHILD

Geo. Henry Washington

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

Sex of  
child

Male

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

Yes

Date of  
Birth

July

12

1902

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Geo. Washington

RESIDENCE

Clerksburg

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Youngstown N.Y.

OCCUPATION

Plumber

FULL  
MAIDEN  
NAME

MOTHER

Lillian E. Bauderlip

RESIDENCE

Clerksburg

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Buffalo N.Y.

OCCUPATION

At Home

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 July 12, 1902, at 7:10 A.M.

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

(Signature)

Andrew Golder

Dated

July 15, 1902

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

Given or christian name added from a

supplemental report

190

Address

Clerksburg Mich

Filed

July 17, 1902

Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or

Village of Chickadee

or

City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registered No. 24FULL NAME OF CHILD Louisa Marie Bahnmiller

{ 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 1 }Legitimate? yesDate of Birth July 14, 1902  
(Month) (Day) (Year)FULL NAME FATHER Emanuel BahnmillerFULL MAIDEN NAME MOTHER Sara M. KochRESIDENCE ChickadeeRESIDENCE ChickadeeCOLOR OR RACE white AGE AT LAST BIRTHDAY 31 (Years)COLOR OR RACE white AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE Lima Twp Wash. CoBIRTHPLACE Francisco Mich.OCCUPATION TeamsterOCCUPATION Act HourNumber 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 July 14, 1902, at 9:10 P.M. Stand.

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

(Signature) Andrew G. GaltDated July 22, 1902

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

Given or christian name added from a supplemental report Jan 3, 1902Address ChickadeeFiled July 24, 1902Arcton Cooper

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.



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 _____		RECORD OF BIRTH	
or Village of <u>Clark</u>		Registered No. <u>25</u>	
City of _____ (No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD <u>Gerald J. Congdon</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> } and { Number in order of birth {	Legitimate? <u>yes</u>	Date of Birth <u>July 21</u> , 190 <u>7</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Clair P. Congdon</u>		FULL MAIDEN NAME MOTHER <u>Sarah Schmidt</u>	
RESIDENCE <u>Clark</u>		RESIDENCE <u>Clark</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Clark Mich</u>		BIRTHPLACE <u>Grayling Mich</u>	
OCCUPATION <u>Bookkeeper</u>		OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>Second</u>		Number of children, of this mother, now living <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on July 21, 1907, at 19 M.

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

(Signature) S. G. BushDated July 27, 1907 Physician

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address ClarkFiled July 29, 1907 Hector Cooper

REGISTRAR.

REGISTRAR.



## PLACE OF BIRTH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or Village of ChelseaRegistered No. 26

City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Frank Edward Lake

(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 Date of Birth July, 22, 1912 (Month) (Day) (Year)FULL NAME FATHER Floyd H. LakeRESIDENCE ChelseaCOLOR OR RACE white AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE Pinckney MichOCCUPATION Day LabourerNumber of child of this mother SecondFULL MAIDEN NAME MOTHER Margaret GortzRESIDENCE ChelseaCOLOR OR RACE white AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE Living Twp Wash. CoOCCUPATION At HomeNumber 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 July 22, 1912, at 2103 M. Stand

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

(Signature) Andros GolderDated July 24, 1912 Physician

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address ChelseaFiled July 26, 1912 Hector Cooper

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.



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 _____ or Village of <u>Clarkra</u> or City of _____ (No. _____ St.; _____ Ward)		RECORD OF BIRTH	
FULL NAME OF CHILD <u>Laurence D. Perrin</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> } and { Number in order of birth {	Legitimate? <u>yes</u>	Date of Birth <u>August 4</u> , 19 <u>12</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Clarence Perrin</u>		FULL MAIDEN NAME MOTHER <u>Pearl Upsoft</u>	
RESIDENCE <u>Clarkra</u>		RESIDENCE <u>Clarkra</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Sand Lake Penn.</u>		BIRTHPLACE <u>Pennsylvania</u>	
OCCUPATION <u>Machinist</u>		OCCUPATION <u>None</u>	
Number of child of this mother <u>3rd</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 Aug 4, 1912, at 10 10 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 Aug 5, 1912

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

Given or christian name added from a supplemental report Apr. 24, 1913

Address ClarkraFiled Aug 8, 1912

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washington

RECORD OF BIRTH

Township of

or

Village of

or

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

(Still Born) not named

Rosenthal

Registered No. 28

{ 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

Aug

23

(Month)

(Day)

1907  
(Year)FULL  
NAME

FATHER

Aaron Rosenthal

RESIDENCE

Chickara

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Russia

OCCUPATION

Junk Dealer

FULL  
MAIDEN  
NAME

MOTHER

Dora Subelchy

RESIDENCE

Chickara

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Russia

OCCUPATION

Nurse

Number of child of this mother

Fifth

Number of children, of this mother, now living

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Aug 23, 1907, at 4 P. M.

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

(Signature)

Geo. M. Palmer

Dated

Aug 25, 1907

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

Address

Chickara

Filed

Aug 27, 1907

Doctor Cooper

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.



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

(No.

St;

Ward)

FULL NAME  
OF CHILD

Dorothy May Moor

Registered No.

29

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

Sex of child	Female	Twin, triplet, or other?		and (Number in order of birth)		Legitimate?	yes	Date of Birth	Sept 3, 1907
								(Month)	(Day) (Year)
FULL NAME	FATHER				FULL MAIDEN NAME				
	Frank J. Moor				Cadda Sanford				
RESIDENCE	Chickara				Chickara				
COLOR OR RACE	white	AGE AT LAST BIRTHDAY	39	(Years)	COLOR OR RACE	white	AGE AT LAST BIRTHDAY	30	(Years)
BIRTHPLACE	Howell Mich.				Lenawee Co. Mich.				
OCCUPATION	Laborer				None				
Number of child of this mother					Number of children, of this mother, now living				
4th					4				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Sept 3, 1907, 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

Sept 12, 1907

Physician

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

Given or christian name added from a

supplemental report

190

Address

Chickara

Filed

Sept 12, 1907

Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or \_\_\_\_\_

Village of Chickara

or \_\_\_\_\_

City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registered No. 20FULL NAME OF CHILD Carl EdwardEgeln

{ 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

1

Legitimate?

Yes

Date of Birth

Sept 18

(Month)

(Day)

1902 (Year)

FULL NAME

FATHER

Geo. Egeln

RESIDENCE

Chickara

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

28 (Years)

BIRTHPLACE

Northfield Twp. Washt. Co.

OCCUPATION

Labourer

FULL MAIDEN NAME

MOTHER

Lulu T. Schuridin

RESIDENCE

Chickara

COLOR OR RACE

White

AGE AT LAST BIRTHDAY

22 (Years)

BIRTHPLACE

Merdon. Twp. Washt. Co.

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 Sept 18, 1902, 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)

Andrus Guler

Dated

Sept 23 1902

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

Address

Chickara

Filed

Sept 26 1902Dr. Cooper

REGISTRAR.

REGISTRAR.

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

In order of birth, stated.

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.



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. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

FULL NAME  
OF CHILDIda Agnes Bacon

(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. 31

Sex of child <u>Female</u>	Twin, triplet, or other? <u>No</u> } and { Number in order of birth {	Legitimate? <u>Yes</u>	Date of Birth <u>Sept 20</u> , 190 <u>12</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Benjamin D. Bacon</u>		MOTHER FULL MAIDEN NAME <u>Agnes C. Madigan</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>23</u> (Years)
BIRTHPLACE <u>Bay City Mich</u>		BIRTHPLACE <u>Western Star Ohio</u>	
OCCUPATION <u>Machinist</u>		OCCUPATION <u>At Home</u>	
Number of child of this mother <u>First</u>		Number of children, of this mother, now living <u>One</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Sept 20, 19012, at 8 PM M. Stand.

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

(Signature) Andrews GuldreDated Sept 23, 19012

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

Given or christian name added from a

supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address ChelseaFiled Sept 26, 19012Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH Washtenaw STATE OF MICHIGAN  
 County of Washtenaw Department of State--Division of Vital Statistics  
 RECORD OF BIRTH  
 Township of Clark Registered No. 32  
 or Village of Clark  
 or City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)  
 FULL NAME OF CHILD Dorothea Eugenie Steiner { 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 1  
 Legitimate? yes Date of Birth Sept 26, 1912  
 (Month) (Day) (Year)  
 FATHER FULL NAME Eugene P. Steiner MOTHER FULL MAIDEN NAME Bertha May Simpson  
 RESIDENCE Clark RESIDENCE Clark  
 COLOR OR RACE white AGE AT LAST BIRTHDAY 27 (Years) COLOR OR RACE white AGE AT LAST BIRTHDAY 31 (Years)  
 BIRTHPLACE Losco Mich BIRTHPLACE Losco Mich  
 OCCUPATION Cabinet Maker OCCUPATION Teacher  
 Number of child of this mother 2nd 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 26, 1912, 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) Geo. W. Palmer

Dated Sept 30, 1912

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address Clark

Filed Oct 2, 1912

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.



MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____ or Village of <u>Chickara</u> or City of _____ (No. _____ St.; _____ Ward)		Registered No. <u>33</u>	
FULL NAME OF CHILD <u>Jean Elizabeth Runciman</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Female</u>	Twin, triple, or other? <u>No</u> and (Number in order of birth) <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Sept 19</u> , 19 <u>12</u> (Month) (Day) (Year)
FULL NAME FATHER <u>A. D. Runciman</u>		FULL MAIDEN NAME MOTHER <u>Edna Raftery</u>	
RESIDENCE <u>Chickara</u>		RESIDENCE <u>Chickara</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Sylvan Twp.</u>		BIRTHPLACE <u>Chickara</u>	
OCCUPATION <u>Book Keeper</u>		OCCUPATION <u>None</u>	
Number of child of this mother <u>One</u>		Number of children, of this mother, now living <u>One</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Sept 19, 1912, 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) Geo. W. Palmer  
Dated Oct 6, 1912 Physician  
(Attending physician, midwife, father, etc.)Given or christian name added from a supplemental report Feb 28, 1913  
Hector CooperAddress Chickara  
Filed Oct 6, 1912 Hector Cooper  
REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Basketman

Township of

or  
Village of

Charles

City of

(No. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward)

FULL NAME  
OF CHILD

(Not Named) Stillborn Carlson

(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

1

Legiti-  
mate?

Yes

Date of  
Birth

Sept 20, 1912

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Carl L. Carlson

RESIDENCE

Charles

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY

31

(Years)

BIRTHPLACE

Sweden

OCCUPATION

Machinist

FULL  
MAIDEN  
NAME

MOTHER

Jennur L. Carlson

RESIDENCE

Charles

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY

25

(Years)

BIRTHPLACE

South Dakota

OCCUPATION

Nurse

Number of child of this mother

Nurse

Number of children, of this mother, now living

Nurse

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Sept 20, 1912, at 3 P. M.

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

(Signature)

Geo W. Palmer

Dated

Sept 31, 1912

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

Physician

Given or christian name added from a supplemental report

Apr 14, 1913

Address

Charles

Filed

Oct 6, 1912

Hector Cooper

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		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>35</u>	
City of _____ (No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD <u>Priscilla Ethel Radekr</u>		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>	Legitimate? <u>yes</u>	Date of Birth <u>Oct 9 1912</u> (Month) (Day) (Year)
FULL NAME FATHER <u>James R. Radekr</u>	FULL MAIDEN NAME MOTHER <u>Ethel Dugut</u>		
RESIDENCE <u>Chelsea</u>	RESIDENCE <u>Chelsea</u>		
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>16</u> (Years)
BIRTHPLACE <u>Detroit</u>	BIRTHPLACE <u>Huron Twp Mich</u>		
OCCUPATION <u>Machinist</u>	OCCUPATION <u>None</u>		
Number of child of this mother... <u>One</u>		Number of children, of this mother, now living... <u>One</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Oct 9, 1912, 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.

(Signature) Geo W. PalmerDated Oct 10 1912

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

Given or christian name added from a

supplemental report Nov 4 1912Address ChelseaFiled Oct 10, 1912

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of ChickeryVillage of ChickeryCity of Ann Arbor(No. 1)St.; 1st

Ward)

Registered No. 36FULL NAME  
OF CHILDMargaret LydiaDay{ 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  
BirthOct291912

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Rolls Ralph Day

RESIDENCE

ChickeryFULL  
MAIDEN  
NAME

MOTHER

Grace Gardner

RESIDENCE

ChickeryCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY26

(Years)

COLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY29

(Years)

BIRTHPLACE

Concordia Kansas

BIRTHPLACE

Wyman Mich

OCCUPATION

Cement Burner

OCCUPATION

At Home

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 Oct 29, 1912, at 59 M.\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. See in-  
structions on back.

(Signature)

Andrew Guldre

Dated

Oct 30, 1912

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

Given or christian name added from a

supplemental report May 27, 1913

Address

Chickery

Filed

Nov 4, 1912Hector Cooper

REGISTRAR.

REGISTRAR.

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 REPORT 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		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____ or Village of <u>Chelsea</u> or City of _____ (No. _____, St.; _____ Ward)		Registered No. <u>37</u>	
FULL NAME OF CHILD <u>Geo. W. Nemethy</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Male</u>	Twin, triplet, or other? <u>  </u> and { Number in order of birth {	Legitimate? <u>Yes</u>	Date of Birth <u>Oct 29</u> , 19 <u>12</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Joseph E. Nemethy</u>	FULL MAIDEN NAME MOTHER <u>Phoebe Turnbull</u>	RESIDENCE <u>Chelsea Mich.</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>19</u> (Years)
BIRTHPLACE <u>Chicago Ill</u>	BIRTHPLACE <u>Chelsea Mich.</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 Oct 29, 1912, at 8:30 A.M.

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

(Signature) J. E. WoodsDated Nov 7, 1912

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address ChelseaFiled Nov 10, 1912

REGISTRAR.

REGISTRAR.



## PLACE OF BIRTH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## RECORD OF BIRTH

County of Washtenaw

Township of \_\_\_\_\_

Village of Clark

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St.; \_\_\_\_\_ Ward)

Registered No. 38FULL NAME  
OF CHILDRollin PaulReulr

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

Sex of  
childMaleTwin,  
triplet,  
or other? Noand { Number  
in order  
of birthLegiti-  
mate? yesDate of  
BirthNov211902

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

John ReulrFULL  
MAIDEN  
NAME

MOTHER

Christina Fry

RESIDENCE

Clark

RESIDENCE

ClarkCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY43

(Years)

COLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY39

(Years)

BIRTHPLACE

Wartburg Germany

BIRTHPLACE

Wartburg Germany

OCCUPATION

Farmer

OCCUPATION

At Home

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 Nov 21, 1902, at Clark M.

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

(Signature)

Andrus Guld

Dated

11/27 1902

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

Physician

Address

Clark

Filed

11/29 1902Arthur Cooper

REGISTRAR.

REGISTRAR.

M. 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.



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

or

Village of

or

City of

(No.

St;

Ward)

FULL NAME  
OF CHILD

Thomas Joseph Lucha

Registered No.

39

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

Sex of  
child

Male

Twin,  
triplet,  
or other?

No

(Number  
in order  
of birth

1

Legiti-  
mate?

Yes

Date of  
Birth

Nov

26

1901

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

John L. Lucha

RESIDENCE

Clarkburg

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

33

(Years)

BIRTHPLACE

Ammanville N.Y.

OCCUPATION

Blacksmith

FULL  
MAIDEN  
NAME

MOTHER

Mary E. Lemon

RESIDENCE

Clarkburg

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

26

(Years)

BIRTHPLACE

Manchester Eng.

OCCUPATION

House

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 26

1901

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.

(Signature)

Byron DeFrudaf

Dated

Nov 29 1901

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

Given or christian name added from a

supplemental report

190

Address

Clarkburg

Filed

Nov 30

1901

Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or \_\_\_\_\_

Village of Chubbuck

or \_\_\_\_\_

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

Registered No. 40FULL NAME  
OF CHILDBaby Kelly{ If child is not yet named, make  
supplemental report, as directed.Sex of  
childFemaleTwin,  
triplet,  
or other?Noand { Number  
in order  
of birth1Legiti-  
mate?yesDate of  
BirthOct 91902

(Month) (Day) (Year)

FULL  
NAME

FATHER

Thos. Kelly

RESIDENCE

ChubbuckCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY23

(Years)

BIRTHPLACE

Philadelphia

OCCUPATION

Tool MakerFULL  
MAIDEN  
NAME

MOTHER

Annie Parker

RESIDENCE

ChubbuckCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY19

(Years)

BIRTHPLACE

N. York

OCCUPATION

Nurse

Number of child of this mother

One

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 Oct 9, 1902, at 39 M.\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. See in-  
structions on back.

(Signature)

G. Woods

Dated

Dec 17 1902

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

Physician

Given or christian name added from a

supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address

Chubbuck

Filed

Dec 16, 1902Victor Cooper

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 REPORT 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

Washington

Township of

or

Village of

Clerksburg

or

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

Richard Ray

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## RECORD OF BIRTH

Registered No.

41

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)

1

Legiti-  
mate?

Yes

Date of  
Birth

Dec 7, 1902

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Richard Alexander

RESIDENCE

Clerksburg

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Clerksburg Mich

OCCUPATION

Delivery Woman, Ohio

FULL  
MAIDEN  
NAME

MOTHER

Maud Ellen Mc Cormick

RESIDENCE

Clerksburg

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Detroit Mich

OCCUPATION

Nurse

Number of child of this mother

4th

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 Dec 7, 1902, 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)

Geo. W. Palmer

Dated

Dec 16, 1902

Physician

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

Given or christian name added from a

supplemental report

190

Address

Clerksburg

Filed

Dec 18, 1902

Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of \_\_\_\_\_

or Village of Chickara

or City of \_\_\_\_\_

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registered No. 42FULL NAME  
OF CHILDLeo Francis Visel

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

Sex of  
childMaleTwin,  
triplet,  
or other?Noand { Number  
in order  
of birth {Legiti-  
mate?YesDate of  
BirthDec 12, 1902

(Month) (Day) (Year)

FULL  
NAME

FATHER

John Visel

RESIDENCE

ChickaraCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Mich.

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Mary Agnes East

RESIDENCE

ChickaraCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Mich.

OCCUPATION

At Home

Number of child of this mother

Second

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 Dec 12, 1902, at Stand 3300 M.

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

(Signature)

Anders Guldr

Dated

Dec 17, 1902

(Attending physician, midwife, father, etc.)

Address

Chickara

Filed

Dec 19, 1902Anders Guldr

REGISTRAR.

REGISTRAR.

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 Washington

Township of \_\_\_\_\_

or Village of Clark

or City of \_\_\_\_\_

FULL NAME  
OF CHILDMargaret Emogene HerschmidtRegistered No. 43

St.; \_\_\_\_\_ Ward)

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

Sex of  
childFemaleTwin,  
triplet,  
or other?No

and

Number  
in order  
of birthLegiti-  
male?YesDate of  
BirthDec231912

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Conrad Herschmidt

RESIDENCE

ClarkCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY37

(Years)

BIRTHPLACE

Sylvan Twp. Wash. Co.

OCCUPATION

Section Laborer M.C.R.R. Co.FULL  
MAIDEN  
NAME

MOTHER

Margaret Jackson

RESIDENCE

ClarkCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY38

(Years)

BIRTHPLACE

Wash. Co. Mich.

OCCUPATION

At HomeNumber of child of this mother SeventhNumber 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 23, 1912, at 3:30 A. M.

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

(Signature)

Andrew G. Elder

Dated

Dec 24, 1912

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

Given or christian name added from a

supplemental report

May 27, 1913

Address

Clark

Filed

Dec 26, 1912Hector Cooper

REGISTRAR.

REGISTRAR.



## PLACE OF BIRTH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or  
Village of Chelseaor  
City of \_\_\_\_\_

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registered No. 44FULL NAME  
OF CHILDHatter Duffer{ If child is not yet named, make  
supplemental report, as directed.Sex of  
childFemaleTwin,  
triplet,  
or other?No{ Number  
in order  
of birth

{

Legiti-  
mate?YesDate of  
BirthDec 24, 1902

(Month) (Day) (Year)

FULL  
NAME

FATHER

Justus B. Duffer

RESIDENCE

ChelseaCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

Mich.

OCCUPATION

LabourerFULL  
MAIDEN  
NAME

MOTHER

Hatter L. Mills

RESIDENCE

ChelseaCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Hudson Mich

OCCUPATION

NurseNumber of child of this mother TenthNumber of children, of this mother, now living Eight

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Dec 24, 1902, at 11:30 P.M.{ \* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. See in-  
structions on back.(Signature) Geo. W. PalmerDated Dec 26 1902

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

Given or christian name added from a

supplemental report \_\_\_\_\_ 190

Address ChelseaFiled Dec 26, 1902Hector Cooper

REGISTRAR.

REGISTRAR.

M. 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

Township of

or

Village of

or

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILDSTATE 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.Sex of  
childTwin,  
triplet,  
or other?and {Number  
in order  
of birthLegiti-  
mate?Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

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 Dec 21, 1907, at 9 P. M.

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

(Signature)

Dated

Address

Filed

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

Given or christian name added from a  
supplemental report 190

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washington

RECORD OF BIRTH

Township of

or  
Village of

Chickadee

Registered No.

46

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

Robert John Wallace

{ 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

Dec

22

1902

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

James Wallace

FULL  
MAIDEN  
NAME

MOTHER

Bertha Allen

RESIDENCE

Chickadee

RESIDENCE

Chickadee

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

35

(Years)

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

25

(Years)

BIRTHPLACE

Sidney Ohio

BIRTHPLACE

Chickadee

OCCUPATION

Machinist

OCCUPATION

Housewife

Number of child of this mother

One

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, 1902, 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)

S. E. Bush

Dated

Dec 27, 1902

Physician

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

Given or christian name added from a  
supplemental report 190

Address

Chickadee

Filed

Dec 31, 1902

Hector Cooper

REGISTRAR.

REGISTRAR.

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

Washington

Township of

or

Village of

or

City of

(No.

St;

Ward)

FULL NAME  
OF CHILD

Emil Victoria Ferrman

Registered No.

47

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  
Birth

Dec

26

190

12

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Clarence Ferrman

RESIDENCE

Chickara

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY35-  
(Years)

BIRTHPLACE

Chickara

OCCUPATION

Merchant

FULL  
MAIDEN  
NAME

MOTHER

Bertha Schumacher

RESIDENCE

Chickara

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY32-  
(Years)

BIRTHPLACE

Chickara

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 Dec 26, 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)

S. E. Bush

Dated

Dec 27, 1901

Physician

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

Given or christian name added from a  
supplemental report

190

Address

Chickara

Filed

Dec 31, 1901

Victor Cooper

REGISTRAR.

REGISTRAR.



## PLACE OF BIRTH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or  
Village of Charlsraor  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registered No. 1FULL NAME  
OF CHILDLouise Guld(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 1 Legitimate? yes Date of Birth Jan, 17, 1903  
(Month) (Day) (Year)FULL NAME FATHER  
Andros GuldRESIDENCE  
CharlsraCOLOR OR RACE White AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE  
Charlsra MichOCCUPATION  
Physician SurgeonFULL MAIDEN NAME MOTHER  
Eunice M. JacksonRESIDENCE  
CharlsraCOLOR OR RACE White AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE  
Toronto OntarioOCCUPATION  
At HomeNumber of child of this mother FirstNumber 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 Jan 17, 1903, 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) Andros GuldDated Jan 24 1903

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

Address CharlsraFiled Jan 24, 1903Given or christian name added from a  
supplemental report \_\_\_\_\_ 190

REGISTRAR.

REGISTRAR.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.Form 230--6-08-2,000  
In case of more than one child at a birth, a SEPARATE REPORT 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 \_\_\_\_\_

or Village of Chelsea

or City of \_\_\_\_\_

FULL NAME  
OF CHILDEmilio Alfred Louis GatardiRegistered No. 2

St.; \_\_\_\_\_ Ward)

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

Sex of  
childMaleTwin,  
triplet,  
or other?

\_\_\_\_\_

and

(Number  
in order  
of birth)

\_\_\_\_\_

Legiti-  
male?yesDate of  
BirthJan 201963

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Albert Gatardi

RESIDENCE

ChelseaCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY43  
(Years)

BIRTHPLACE

Italy

OCCUPATION

LabourerFULL  
MAIDEN  
NAME

MOTHER

Giacinta Coletta

RESIDENCE

ChelseaCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Italy

OCCUPATION

HousewifeNumber of child of this mother seventhNumber 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 20, 1963, at 6 a M.

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

(Signature)

Geo. W. Palmer

Dated

Jan 24, 1963Physician

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

Given or christian name added from a

supplemental report Apl. W, 1963

Address

Chelsea

Filed

Jan 25, 1963Hector Cooper

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.

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## RECORD OF BIRTH

County of Washtenaw  
 Township of \_\_\_\_\_  
 or \_\_\_\_\_  
 Village of Chickadee  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

Registered No. 3FULL NAME  
OF CHILDRuth HartingEisler

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

Sex of  
childFemaleTwin,  
triplet,  
or other?Noand (Number  
in order  
of birth)Legiti-  
mate?YesDate of  
BirthJan301903

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Albert Eisler

RESIDENCE

ChickadeeCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Germany

OCCUPATION

MasonFULL  
MAIDEN  
NAME

MOTHER

Wilhelmina Koch

RESIDENCE

ChickadeeCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Germany

OCCUPATION

At Home

Number of child of this mother

Eight

Number of children, of this mother, now living

Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Jan 30, 1903, at 10:30 P.

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

(Signature)

Andros G. Guld

Dated

Feb 31903

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

Physician

Given or christian name added from a

supplemental report May 27 1903

Address

Chickadee

Filed

Feb 41903Hector Cooper

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

Washington

Township of

or

Village of

or

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

Richard Colver Potter

Registered No.

48.

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

Oct

21

1902

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Nathan J. Potter Jr

RESIDENCE

Colerberg

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY

36

(Years)

BIRTHPLACE

Jackson Mich

OCCUPATION

Cement Mfg.

FULL  
MAIDEN  
NAME

MOTHER

Caroline Colver

RESIDENCE

Colerberg

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY

34

(Years)

BIRTHPLACE

Sandusky Ohio

OCCUPATION

Number of child of this mother

3

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 Oct 21, 1902, 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)

S. C. Bush

Dated

Feb 7

1903

Physician

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

Given or christian name added from a

supplemental report

190

Address

Colerberg

Filed

Feb 9

1903

Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washington

Township of

Village of

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

Leo James

Maloury

Registered No.

54

(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, 29, 1913

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Timothy Maloury

RESIDENCE

Chubbuck

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Ireland

OCCUPATION

Labour

FULL  
MAIDEN  
NAME

MOTHER

Barbara Myer

RESIDENCE

Chubbuck

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Chubbuck

OCCUPATION

Housewife

Number of child of this mother

3

Number of children, of this mother, now living

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Jan 29, 1913, 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. E. Bash

Dated

Feb 6, 1913

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report

Nov 1913

Address

Chubbuck

Filed

Feb 8, 1913

Hector Cooper

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

X. B.—In case of more than one child at a birth, a SEPARATE REPORT 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

Washington

Township of

or

Village of

or

City of

(No

St;

Ward)

FULL NAME  
OF CHILD

Robert Waudby

Registered No.

to 5

{ 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

Feb

4

1903

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Clarence E. Waudby

RESIDENCE

Chickara

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Jackson Mich  
machinist

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

Mary Ellen Brady

RESIDENCE

Chickara

COLOR  
OR RACE

white

AGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Jackson Mich  
nurse

OCCUPATION

Number of child of this mother

3

Number of children, of this mother, now living

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Feb 4, 1903, at 6 A. M.

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

(Signature)

Geo. W. Palmer

Dated

Feb 8, 1903

Physician

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

Given or christian name added from a

supplemental report

190

Address

Chickara

Filed

Feb 10, 1903

Hector Cooper

REGISTRAR.

REGISTRAR.



## PLACE OF BIRTH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

Village of Charlton

City of \_\_\_\_\_

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registered No. 76FULL NAME  
OF CHILDLucile Schulte{ If child is not yet named, make  
supplemental report, as directed.Sex of  
childFemaleTwin,  
triplet,  
or other?Singleand { Number  
in order  
of birthLegiti-  
mate?yesDate of  
BirthFeb131963

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Arthur SchulteFULL  
MAIDEN  
NAME

MOTHER

Estella Weber

RESIDENCE

Charlton

RESIDENCE

CharltonCOLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY37

(Years)

COLOR  
OR RACEwhiteAGE AT LAST  
BIRTHDAY29

(Years)

BIRTHPLACE

Detroit Mich

BIRTHPLACE

Charlton

OCCUPATION

Bar tender

OCCUPATION

Housewife

Number of child of this mother \_\_\_\_\_

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 13, 1963, at 2 P M.\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. See in-  
structions on back.

(Signature)

S. G. BushDated Feb 20 1963

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

Given or christian name added from a  
supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address

Charlton

Filed

Feb 22, 1963Hector Cooper

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 330-6-08-2,000

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



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 _____ or Village of <u>Chickadee</u> or City of _____ (No. _____ St.; _____ Ward)		RECORD OF BIRTH	
FULL NAME OF CHILD <u>Robert George Foster</u>		Registered No. <u>87</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> } and { Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb</u> , <u>19</u> , 19 <u>13</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Harry E. Foster</u>		MOTHER FULL MAIDEN NAME <u>Mabelle W. Brown</u>	
RESIDENCE <u>Chickadee</u>		RESIDENCE <u>Chickadee</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>27</u> (Years)
BIRTHPLACE <u>Chickadee</u>		BIRTHPLACE <u>Ann Arbor Mich.</u>	
OCCUPATION <u>Plumber</u>		OCCUPATION <u>At Home</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 19, 1913, at 3:49 A.M.

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

(Signature) Andrew G. GaultDated Feb 22 1913

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address ChickadeeFiled Feb 24, 1913

REGISTRAR.

REGISTRAR.



N. B.—In case of more than one child at a birth, a SEPARATE REPORT 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 _____ (No. _____ St.; _____ Ward)		Registered No. <u>98</u>	
FULL NAME OF CHILD <u>Karl Chester Vogel</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <u>male</u>	Twin, triplet, or other? <u>Single</u> and { Number in order of birth {	Legitimate? <u>Yes</u>	Date of Birth <u>Feb</u> , <u>23</u> , 19 <u>13</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Lewis P. Vogel</u>		FULL MAIDEN NAME MOTHER <u>Pearl Davis</u>	
RESIDENCE <u>Chelsea</u>		RESIDENCE <u>Chelsea</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Chelsea</u>		BIRTHPLACE <u>Chelsea</u>	
OCCUPATION <u>Druggist</u>		OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>5</u>		Number of children, of this mother, now living <u>5</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child, and that it occurred on Feb 23, 1913, at 1 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. E. Bush

Dated Feb 27 1913

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

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Address Chelsea

Filed Feb 28, 1913

H. E. Cooper

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, shown in column on left side of form.

In order of birth, stated.

X PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>10 9</u>	
or City of _____ (No. _____ St.; _____ Ward)			
FULL NAME OF CHILD <u>Jean Francis</u>		<u>Dancer</u> { If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Female</u>	Twin, triplet, or other? <u>Single</u> and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of Birth <u>Feb</u> , <u>23</u> , 19 <u>03</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Earnest R. Dancer</u>		FULL NAME MOTHER <u>Effie A. Armstrong</u>	
RESIDENCE <u>Chelsea</u>		RESIDENCE <u>Chelsea</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Leino Twp. Mich</u>		BIRTHPLACE <u>Chelsea</u>	
OCCUPATION <u>Mrs. Furnishings</u>		OCCUPATION <u>None</u>	
Number of child of this mother <u>4</u>		Number of children, of this mother, now living <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Feb 23, 1903, at 10 9 M.

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

(Signature) E. W. PalmerDated Feb 25 1903

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

Given or christian name added from a supplemental report Apr. 24 1903Address ChelseaFiled Feb 28, 1903Hector Cooper

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

## RECORD OF BIRTH

Township of \_\_\_\_\_

or  
Village of CharltonRegistered No. #10

City of \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

FULL NAME  
OF CHILDMildred Sissous{ If child is not yet named, make  
supplemental report, as directed.Sex of child Female Twin, triplet, or other? \_\_\_\_\_ and { Number in order of birth \_\_\_\_\_ } Legitimate? Yes Date of Birth Feb, 26, 1963  
(Month) (Day) (Year)FULL NAME FATHER George Sissous FULL MAIDEN NAME MOTHER Iva E. DurferRESIDENCE Charlton RESIDENCE CharltonCOLOR OR RACE white AGE AT LAST BIRTHDAY 28 (Years) COLOR OR RACE white AGE AT LAST BIRTHDAY 17 (Years)BIRTHPLACE England BIRTHPLACE Charlton MichOCCUPATION Labour OCCUPATION NurseNumber of child of this mother 1st Number of children, of this mother, now living One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on Feb. 26, 1963, at 5 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. PalmerDated Feb 28 1963

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

Given or christian name added from a supplemental report \_\_\_\_\_ 1963Address CharltonFiled Feb 28, 1963 Victor Cooper

REGISTRAR.

REGISTRAR.

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

In order of birth, stated.

Form 320-6-08-2,000



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 Cherbsra

or City of \_\_\_\_\_

FULL NAME  
OF CHILDThalma Emma

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## RECORD OF BIRTH

Registered No. 1911

St.; \_\_\_\_\_ Ward)

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

Sex of child <u>Female</u>	Twin, triplet, or other? <u>  </u>	and (Number in order of birth) <u>  </u>	Legitimate? <u>Yes</u>	Date of Birth <u>March 3</u> , 19 <u>13</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Thomas Vai</u>			MOTHER FULL MAIDEN NAME <u>Matilda Mayne</u>	
RESIDENCE <u>Cherbsra</u>			RESIDENCE <u>Cherbsra</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)		COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Maine U.S.A.</u>			BIRTHPLACE <u>Fordham Twp. Wash. Co.</u>	
OCCUPATION <u>Carpenter</u>			OCCUPATION <u>None</u>	
Number of child of this mother <u>4</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 March 3, 1913, 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) Geo. N. PalmerDated March 10, 1913

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

Given or christian name added from a supplemental report June 11, 1913Address CherbsraFiled March 13, 1913

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washington

RECORD OF BIRTH

Township of

Village of

City of

(No. \_\_\_\_\_)

St; \_\_\_\_\_

Ward) \_\_\_\_\_

FULL NAME  
OF CHILD

Andrew Christian Eppler

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

Sex of  
child

Male

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

Yes

Date of  
Birth

March 11

1903

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Adam Eppler

RESIDENCE

Chickara

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY46  
(Years)

BIRTHPLACE

Germany

OCCUPATION

Butcher

FULL  
MAIDEN  
NAME

MOTHER

Friedricha Schneider

RESIDENCE

Chickara

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Germany

OCCUPATION

Nurse

Number of child of this mother

4

Number of children, of this mother, now living

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on March 11, 1903, at 5 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 March 13 1903

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

Given or christian name added from a

supplemental report June 11 1903

Address

Chickara

Filed March 14, 1903

Hector Cooper

REGISTRAR.

REGISTRAR.

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 REPORT 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

Township of

or

Village of

or

City of

(No.

FULL NAME  
OF CHILD

## 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.

Sex of  
childTwin,  
triplet,  
or other?

Single

(Number  
in order  
of birthLegiti-  
male?Date of  
Birth

April

15th

1903

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY42  
(Years)COLOR  
OR RACEAGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

BIRTHPLACE

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,  
etc., should make this return. See in-  
structions on back.

(Signature)

Dated

Given or christian name added from a

supplemental report

190

Address

Filed

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

REGISTRAR.

REGISTRAR.



N. B.—In case of more than one child at a birth, a SEPARATE REPORT 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>Sylvan</u>		<b>RECORD OF BIRTH</b>	
or Village of <u>Chelsea</u>		Registered No. <u>14</u>	
City of _____ (No. _____)		St.; _____ Ward _____	
FULL NAME OF CHILD <u>Mary Jean Winans</u>		{ 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 _____	Legitimate? <u>yes</u>	Date of Birth <u>April 15</u> , 19 <u>03</u> (Month) (Day) (Year)
FULL NAME <u>Elmer Winans</u>	FATHER	FULL MAIDEN NAME <u>Lora Burkhardt</u>	MOTHER
RESIDENCE <u>Chelsea Mich</u>		RESIDENCE <u>Chelsea Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Chelsea Mich.</u>		BIRTHPLACE <u>Living Twp. Mich.</u>	
OCCUPATION <u>Jeweler</u>		OCCUPATION <u>None</u>	
Number of child of this mother <u>3rd</u>		Number of children, of this mother, now living <u>three</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 15, 1903, at 12<sup>th</sup> 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 June 11 1903

(Signature) Geo. V. Palmer MD

Dated Apr. 24 1903 (Attending physician, midwife, father, etc.)\*

Address Chelsea Mich

Filed Apr. 24 1903 L. W. Maroney 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

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of

Washtenaw

Township of

Sylvan

Village of

Chelsea

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

Robert Francis Holzhauser

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 birthLegiti-  
male?

Yes

Date of  
Birth

May 6

(Day)

1903 (Year)

FULL  
NAME

Geo. J. Holzhauser

FATHER

FULL  
MAIDEN  
NAME

Irene Ellen Ryan

MOTHER

RESIDENCE

Chelsea Mich

RESIDENCE

Chelsea Mich

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

28 (Years)

COLOR  
OR RACE

White

AGE AT LAST  
BIRTHDAY

25 (Years)

BIRTHPLACE

Dexter Mich

BIRTHPLACE

Dexter Mich

OCCUPATION

Foreman Stationary Engine

OCCUPATION

At Home

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 May 6, 1903, at 7-9 M.

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

(Signature)

Andrew Guld MD

Dated

May 9, 1903

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

Given or christian name added from a

supplemental report

Nov. 1903

Address

Chelsea Mich

Filed

May 9th, 1903

G. W. Maroney

REGISTRAR.

REGISTRAR.

Sent to home



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WashtenawTownship of SylvanVillage of Chelsea

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

FULL NAME  
OF CHILDMary Patricia Neusch.{ 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  
BirthMay  
(Month)13  
(Day)1913  
(Year)FULL  
NAME

FATHER

John Edwin NeuschFULL  
MAIDEN  
NAME

MOTHER

Hellie Irene Walsh

RESIDENCE

Chelsea Mich

RESIDENCE

Chelsea MichCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY32  
(Years)COLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Chelsea Mich

BIRTHPLACE

Sylvan Twp Washtenaw Mich

OCCUPATION

Grocer

OCCUPATION

At home

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 May 13, 1913, at 12:30 P.M.\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. See in-  
structions on back.

(Signature)

Andrew Guld MD.

Dated

May 16 1913

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

Address

Chelsea Mich

Filed

May 16th, 1913

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 REPORT 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

Township of

or

Village of

or

City of

(No.

St;

Ward)

FULL NAME  
OF CHILD

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

Sex of  
childTwin,  
triplet,  
or other?and (Number  
in order  
of birth)Legiti-  
mate?Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

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 May 25, 1903, at 8 P. M.

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

(Signature)

Dated June 2, 1903

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

Given or christian name added from a

supplemental report 190

Address

Filed June 3, 1903

REGISTRAR.

REGISTRAR.



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Township of

Village of

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

Registered No.

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

No

and

(Number  
in order  
of birth)Legiti-  
mate?Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

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

June 6, 1903

at 7:50 P.M.

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

(Signature)

Dated

June 6, 1903

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

Given or christian name added from a

supplemental report

Nov. 1903

Address

Filed

June 6, 1903

REGISTRAR.

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

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

Township of

Village of

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILDIf child is not yet named, make  
supplemental report, as directed.Sex of  
childTwin,  
triplet,  
or other?and (Number  
in order  
of birthLegiti-  
male?Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

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 June 5, 1903, at 10 M.

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

(Signature)

Dated

1903

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

Given or christian name added from a  
supplemental report 190

Address

Filed

June 14, 1903

REGISTRAR.

REGISTRAR.

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

## RECORD OF BIRTH

Registered No. 14



PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Township of

Village of

City of

(No.

St.;

Ward)

FULL NAME  
OF CHILD

Registered No.

20

(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

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR  
OR RACEAGE AT LAST  
BIRTHDAY30  
(Years)COLOR  
OR RACEAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother

1st.

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 24, 1913, at 99 M.

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

(Signature)

Dated 190

Given or christian name added from a  
supplemental report 190

Address

Filed

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

REGISTRAR.

REGISTRAR.

M. 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.

Form 92—6-06-2,000



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

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

## PLACE OF BIRTH

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

FULL NAME  
OF CHILDMargaret Louise EdisonSex of  
childFemaleTwin,  
triplet,  
or other?} and { Number  
in order  
of birthLegiti-  
male?yesDate of  
BirthJuly41903

(Month) (Day) (Year)

{ If child is not yet named, make  
supplemental report, as directed.FULL  
NAMEFATHER  
John G. EdisonFULL  
MAIDEN  
NAMEMOTHER  
Anna S. Mohrlock

RESIDENCE

Chelsea

RESIDENCE

ChelseaCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY38

(Years)

COLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY30

(Years)

BIRTHPLACE

Germany

BIRTHPLACE

Sylvan Township

OCCUPATION

Butcher

OCCUPATION

Housekeeper

Number of child of this mother

4

Number of children, of this mother, now living

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on July 4, 1903, 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)

J. W. Schmidt

Dated

July 71903

Given or christian name added from a

supplemental report

190

Address

Chelsea Mich

Filed

July 7th1903

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

C. W. Maroney

REGISTRAR.

REGISTRAR.



X. B.—In case of more than one child at a birth, a SEPARATE REPORT 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>Sylvan</u>		RECORD OF BIRTH	
Village of <u>Chelsea</u>		Registered No. <u>22</u>	
City of _____ (No. _____ St.; _____ Ward)			
FULL NAME OF CHILD <u>John Bernice Harris</u>			
(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 _____	Date of Birth <u>July 7</u> 19 <u>13</u> (Month) (Day) (Year)
FULL NAME FATHER <u>John W. Harris</u>		FULL MAIDEN NAME MOTHER <u>Augusta H. Bahnmiller</u>	
RESIDENCE <u>Chelsea Mich</u>		RESIDENCE <u>Chelsea Mich.</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Chelsea Mich</u>		BIRTHPLACE <u>Living Sup. Washtenaw Co Mich</u>	
OCCUPATION <u>Grocer</u>		OCCUPATION <u>at home</u>	
Number of child of this mother <u>First</u>		Number of children, of this mother, now living <u>One</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child, and that it occurred on July 7 1913, at 9:45 PM.

(\*) 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 None 1913

(Signature) Andrew Guld MD

Dated July 10 1913

Address Chelsea Mich

Attending physician, midwife, father, etc. (\*) L. W. Maroney

Filed July 10 1913

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 Washtenaw  
 Township of Lygon  
 or  
 Village of Chelsea  
 or  
 City of \_\_\_\_\_

FULL NAME  
OF CHILDHarold Richard AlexanderSTATE OF MICHIGAN  
Department of State--Division of Vital Statistics  
RECORD OF BIRTHRegistered No. 23

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>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July</u> , <u>17</u> , 19 <u>43</u> (Month) (Day) (Year)
FULL NAME <u>Miles. J. Alexander</u>	FATHER			FULL MAIDEN NAME <u>Pearl May Stuart</u>	MOTHER
RESIDENCE <u>Chelsea Mich</u>				RESIDENCE <u>Chelsea Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)			COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Chelsea Mich</u>				BIRTHPLACE <u>Northville Mich</u>	
OCCUPATION <u>Section Laborer D.M.R.</u>				OCCUPATION <u>At Home</u>	
Number of child of this mother <u>Fifth</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 July 17, 1943, at 6:45 P.M.

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

(Signature) Andrew G. G. M.D.Dated 7/21, 1943

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

Given or christian name added from a supplemental report No. 1943Address Chelsea MichFiled July 21, 1943

REGISTRAR.

REGISTRAR.



## PLACE OF BIRTH

## STATE OF MICHIGAN

Department of State--Division of Vital Statistics

## RECORD OF BIRTH

County of Washtenaw  
 Township of Sylvan  
 or  
 Village of Chelsea  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registered No. 24FULL NAME  
OF CHILDHoward Sumner Holmes

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

Sex of  
childMaleTwin,  
triplet,  
or other?Twoand  
(Number  
in order  
of birth)No. 1Legiti-  
mate?YesDate of  
BirthJuly  
(Month)25  
(Day)1913  
(Year)FULL  
NAME

FATHER

Howard HolmesFULL  
MAIDEN  
NAME

MOTHER

Mabel White

RESIDENCE

Chelsea

RESIDENCE

ChelseaCOLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY27  
(Years)COLOR  
OR RACEWhiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Chelsea Mich

BIRTHPLACE

Wadon Ohio

OCCUPATION

Accountant

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 July 25, 1913, at 2:30 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 3 1913

(Attending physician, midwife, father, etc.)

Address

Filed

Aug 4 1913Given or christian name added from a  
supplemental report No 1913ChelseaB. 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.



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. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

CERTIFICATE OF BIRTH

Registered No. 25

FULL NAME OF CHILD ~~Edward~~ Judley Kirk Holmes

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

Sex of child Male Twin, triplet, or other? Twin and {Number in order of birth #1} Legitimate? Yes Date of Birth July 2, 1913  
(Month) (Day) (Year)

FULL NAME FATHER Howard Holmes FULL MAIDEN NAME MOTHER Mabel Whit

RESIDENCE Chelsea RESIDENCE Chelsea

COLOR OR RACE White AGE AT LAST BIRTHDAY 27 (Years) COLOR OR RACE White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Chelsea BIRTHPLACE Mattoon Ohio

OCCUPATION Accountant 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 July 25, 1913, at 3:30 M.

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

(Signature) Dr. Rush

Dated Aug 3, 1913

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

Given or christian name added from a supplemental report Nov. 1913

Address Chelsea

Filed Aug 4, 1913

REGISTRAR.

REGISTRAR.



**CERTIFICATE OF BIRTH.****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 created.
4. If 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*