

1913
1814
61

STATE OF MICHIGAN
Department of State—Division of Vital Statistics
REGISTER OF BIRTHS

PUBLIC ACT NO. 330 OF 1905

Village of *Bellevue*
(Township or Village.)
County of *Washtenaw*
From *August 1st*, 191*3*, to *July 8th*, 191*6*

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		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>Bulawa</u>		Registered No. <u>26</u>	
City of _____ (No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD		{ 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>3</u>	Legitimate? <u>Yes</u>	Date of Birth <u>August 24</u> , 19 <u>13</u> (Month) (Day) (Year)
FULL NAME	FATHER <u>Thomas Murphy</u>	FULL MAIDEN NAME	MOTHER <u>Frances Reilly</u>
RESIDENCE	<u>Chelsea Mich</u>	RESIDENCE	<u>Chelsea Mich</u>
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Ireland</u>		BIRTHPLACE <u>Center Twp Wash Co Mich</u>	
OCCUPATION <u>Section laborer M.C.R.</u>		OCCUPATION <u>At home</u>	
Number of child of this mother <u>Sixth</u>		Number of children, of this mother, now living <u>Five</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Aug 24, 1913, at 7:55 P.M.

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

(Signature) Andros Gildes MD

Dated 8/26 1913

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

Given or christian name added from a supplemental report Mrs G 1914

Address Chelsea Mich

Filed Aug 26th 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 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 WashtenawTownship of Sylvan

or

Village of Ann Arbor

or

City of _____

(No. _____)

St.; _____

Ward) _____

FULL NAME
OF CHILDLes. Lester CanfieldRegistered No. 28

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

Sex of
childMaleTwin,
triplet,
or other?single{ Number
in order
of birthLegiti-
mate?yesDate of
BirthOct.2nd1913

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Howard CanfieldFULL
MAIDEN
NAME

MOTHER

Kelly Wilson

RESIDENCE

Ann Arbor

RESIDENCE

Ann ArborCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY40
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Lyndon Mich

BIRTHPLACE

Jackson Mich

OCCUPATION

Salesman

OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Oct. 2, 1913, 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. G. GushDated Oct. 11 1913

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

Given or christian name added from a supplemental report _____ 19____

Address Ann ArborFiled Oct 13th 1913

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?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 Oct 6, 1913, at 6 P M.{ * When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. See in-
structions on back.

(Signature)

Dated Oct 13 1913

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

Given or christian name added from a
supplemental report 19

Address

Filed Oct 13 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.

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

MARGIN RESERVED FOR BINDING

Form 220—12-12-2,000

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

Department of State--Division of Vital Statistics

County of WashtenawTownship of SylvanVillage of Chilsega

City of _____

(No. _____)

St.; _____ Ward)

Registered No. 30FULL NAME
OF CHILDAbraham Morris Rosenthal

(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>Nov.</u> <u>11</u> , 19 <u>13</u> . (Month) (Day) (Year)
FULL NAME <u>A. Rosenthal</u>	FATHER	FULL MAIDEN NAME <u>Gorg. Sabelsky</u>	MOTHER	
RESIDENCE <u>Chilsega</u>		RESIDENCE <u>Chilsega</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>34</u> (Years)	
BIRTHPLACE <u>Russia</u>		BIRTHPLACE <u>Russia</u>		
OCCUPATION		OCCUPATION <u>Housewife</u>		

Number of child of this mother 4Number of children, of this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Nov. 11, 1913, 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) Dr. GushDated Dec 6 1913

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

Given or christian name added from a supplemental report _____ 19____

Address ChilsegaFiled Dec 6th 1913

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH **STATE OF MICHIGAN** Department of State--Division of Vital Statistics
 County of Washtenaw
 Township of Sylvan
 or Chelsea
 Village of _____
 or _____
 City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Lawrence Shaw Freeman (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 Dec. 1, 1913.
 (Month) (Day) (Year)

FULL NAME FATHER Ralph Freeman MOTHER Myrtle Shaw
 FULL MAIDEN NAME

RESIDENCE Chelsea RESIDENCE Chelsea

COLOR OR RACE White AGE AT LAST BIRTHDAY 39 (Years) COLOR OR RACE White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Michigan BIRTHPLACE Michigan

OCCUPATION Merchant OCCUPATION Housewife

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 Dec 1, 1913, at 4.9 M.

(* When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.) (Signature) J. G. Bush
 Dated Dec 6 1913 Physician

Given or christian name added from a supplemental report _____ (Attending physician, midwife, father, etc. *)

Address Chelsea

Filed Dec. 6th, 1913

REGISTRAR.

REGISTRAR.

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

* In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of 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		Department of State—Division of Vital Statistics	
County of	Washtenaw	RECORD OF BIRTH			
Township of	Sylvan	Registered No. 39			
or					
Village of	Chelsea				
or					
City of	(No. _____) _____	St.; _____ Ward)			
FULL NAME OF CHILD		{ If child is not yet named, make supplemental report, as directed.			
Mabel Luttrell Conk.					
Sex of child	Female	Twin, triplet, or other?	Singly	and { Number in order of birth	Legitimate?
					Yes
Date of Birth	Dec. 17, 1913				
	(Month) (Day) (Year)				
FULL NAME	FATHER	FULL NAME	MOTHER		
Harold Conk.		Mabel Gallup			
RESIDENCE	Chelsea	RESIDENCE	Chelsea		
COLOR OR RACE	White	COLOR OR RACE	White		
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)		
BIRTHPLACE	Chelsea Mich.	BIRTHPLACE	Gregory Mich.		
OCCUPATION	Laborer	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 12, 1913, 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)

Dated

Address

Filed

Given or christian name added from a supplemental report 19__

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

County of WashtenawTownship of SylvanVillage of Chelsea

City of _____

(No. _____)

St.; _____

Ward) _____

FULL NAME
OF CHILDLara Watkins(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
Birth(Month) Dec.(Day) 20(Year) 1913FULL
NAME

FATHER

Thomas Wilson WatkinsFULL
MAIDEN
NAME

MOTHER

Lara Louise Edwards

RESIDENCE

Chelsea Mich.

RESIDENCE

Chelsea Mich.COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY34

(Years)

COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY34

(Years)

BIRTHPLACE

Waterdown Canada

BIRTHPLACE

Ann Arbor Mich.

OCCUPATION

Baker

OCCUPATION

At Home

Number of child of this mother

Fourth

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 Dec. 20, 1913, at 7:00 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 GuldDated 12/23 1913

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

Given or christian name added from a
supplemental report _____ 19 _____Address Chelsea Mich.Filed Dec. 23 1913

REGISTRAR.

REGISTRAR.

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

Form 230—12-12-2-000
MARGIN RESERVED FOR BINDING.

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

Department of State—Division of Vital Statistics

RECORD OF BIRTH

County of

Township of

Village of

City of

(No

Registered 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 Dec. 24, 1913, at 5 P. M.

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

(Signature)

Dated

(Attending physician, midwife, father, etc.)

Address

Filed

Given or christian name added from a supplemental report

REGISTRAR.

REGISTRAR.

Notary 1/5/1914
" Ann Arbor

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?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

* 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.)*

Given or christian name added from a
supplemental report

Address

Filed

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 220--12-12-2,000

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		Department of State—Division of Vital Statistics	
County of	<i>Washtenaw</i>	RECORD OF BIRTH			
Township of	<i>Sylvan</i>	Registered No. <i>36</i>			
Village of	<i>Adrian</i>	St.; _____ Ward			
City of	(No. _____)	St.; _____ Ward			
FULL NAME OF CHILD		<i>Frederick Joseph Cesterlee</i>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child	<i>Male</i>	Twin, triplet, or other?	<i>No</i>	Legitimate?	<i>Yes</i>
Date of Birth		<i>Feb. 2, 1914</i>			
FATHER		MOTHER			
FULL NAME		FULL MAIDEN NAME			
<i>Fred Cesterlee</i>		<i>Theresa Grotzner</i>			
RESIDENCE		RESIDENCE			
<i>Adrian, Mich.</i>		<i>Adrian, Mich.</i>			
COLOR OR RACE	<i>White</i>	AGE AT LAST BIRTHDAY	<i>27</i>	COLOR OR RACE	<i>White</i>
BIRTHPLACE		BIRTHPLACE			
<i>Sylvan Twp Mich</i>		<i>Jackson, Mich.</i>			
OCCUPATION		OCCUPATION			
<i>Carriage Painter</i>		<i>None</i>			
Number of child of this mother		Number of children, of this mother, now living			
<i>fourth</i>		<i>four</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on *Feb. 2, 1914*, at *1/4* 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

*Feb. 3, 1914**Physician*

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

Address

Adrian Mich

Filed

*Feb. 3, 1914**Ch. H. Marney*

REGISTRAR.

REGISTRAR.

Given or christian name added from a supplemental report *Mar 12* 19*14*

Ch. H. Marney

MARGIN RESERVED FOR BINDING.

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

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.

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

PLACE OF BIRTH
County of Washtenaw
Township of Sylvan
or Pulsee
Village of _____
or _____
City of _____ (No. _____ St.; _____ Ward)

Registered No. 37

**FULL NAME
OF CHILD**

(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, 4, 1914
(Month) (Day) (Year)

FULL NAME **FATHER** George Sissons **FULL MAIDEN NAME** **MOTHER** Iva Surfee

RESIDENCE Pulsee **RESIDENCE** Pulsee

COLOR OR RACE White **AGE AT LAST BIRTHDAY** 20 (Years) **COLOR OR RACE** White **AGE AT LAST BIRTHDAY** 18 (Years)

BIRTHPLACE England **BIRTHPLACE** Hair to Mich.

OCCUPATION Laborer **OCCUPATION** None

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 Feb 4, 1914, at 10 P M.

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

(Signature)

Dated

Feb 6 1914

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

Given or christian name added from a supplemental report _____ 19____

Address

Filed

Feb 7 1914

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		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of <u>Sylvan</u>		RECORD OF BIRTH	
or Village of <u>Pulseeq</u>		Registered No. <u>4</u>	
City of _____ (No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD <u>Kathryn Goody</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>Feb 20</u> , 19 <u>14</u>		(Month) (Day) (Year)	
FULL NAME FATHER <u>George Goody</u>		FULL MAIDEN NAME MOTHER <u>Anna Conlan</u>	
RESIDENCE <u>Lyndon Mich.</u>		RESIDENCE <u>Lyndon 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>40</u> (Years)
BIRTHPLACE <u>Phinis California</u>		BIRTHPLACE <u>Lyndon Mich.</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housekeeper</u>	
Number of child of this mother <u>3rd</u>		Number of children, of this mother, now living <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Feb 20, 1914, 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) W. SchmidtDated Feb 24, 1914

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

Given or christian name added from a supplemental report _____ 19__

Address Pulseeq Mich.Filed Feb 24, 1914

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of Washington

Township of Ashtabula

Village of Chelso

City of _____

(No. _____ St.; _____ Ward)

FULL NAME OF CHILD Long, John, Hanser

Registered No. 24

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

Sex of child *Female* } and { Number in order of birth

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

Legitimate?

Date of Birth Feb, 21, 1944
(Month) (Day) (Year)

FULL NAME John P. Hauser FATHER

FULL MAIDEN NAME **MOTHER** *Lilly M. Paul*

RESIDENCE Chester Mich.

RESIDENCE Chelsea Mich

COLOR OR RACE	AGE AT LAST BIRTHDAY
------------------	-------------------------

AGE AT LAST BIRTHDAY.....

COLOR OR RACE *White* AGE AT LAST BIRTHDAY *23*, (Years)

AGE AT LAST BIRTHDAY.....23,
(Years)

BIRTHPLACE *Pandora, Tex. N.*

BIRTHPLACE Lima, Ind. Mich.

OCCUPATION Club in Billiards

OCCUPATION None.

Number of child of this mother..... 2 mo

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Feb 21, 1914, at 20 M.

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

(Signature) Geo. W. Palmer H.S.

Dated Feb 29 1944

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

Given or christian name added from a
supplemental report Mar. 12 1911

Address Bulwer Mich. 1

Filed Feb 25, 1914 L. W. Harney

REGISTRAR.

REGISTRAR

MARGIN RESERVED FOR BINDING.

Form 220-12-12-2,000

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

X. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the location 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

Department of State—Division of Vital Statistics

County of

Washtenaw

Township of

Sylvan

or

Village of

Bellevue

or

City of

(No.

St.;

Ward)

FULL NAME
OF CHILD

Marion Caroline Hauser

Registered No.

646

(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

Jan 22, 1914

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Louis Hauser

FULL
MAIDEN
NAME

MOTHER

Ida. Leihans

RESIDENCE

Bellevue

RESIDENCE

Bellevue

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

21

(Years)

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

23

(Years)

BIRTHPLACE

Bellevue

BIRTHPLACE

Freedom, Mich.

OCCUPATION

Steel Ball Grinder

OCCUPATION

None

Number of child of this mother

Number of children, of this mother, now living

First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Jan 22, 1914, 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. Woods

Dated Jan 3, 1914

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

Given or christian name added from a

supplemental report 19

Address

Bellevue

Filed

Mich. 2nd 1914

REGISTRAR.

REGISTRAR.

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 CHILD(If child is not yet named, make
supplemental report, as directed.)Sex of
childFemaleTwin,
triplet,
or other?noNumber
in order
of birthLegiti-
mate?yesDate of
BirthMarch 21914

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Edward V. MoesFULL
MAIDEN
NAME

MOTHER

Ellen M. Gade

RESIDENCE

Chelsea Mich

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY37
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

New Regal, Ind

BIRTHPLACE

Lingsw. Wash. Co Mich

OCCUPATION

Machinist

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 March 2 1914, at 1:50 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)

Andrew G. Gade

Dated

Feb 10 1914

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

Given or christian name added from a

supplemental report _____ 19 _____

Address

Chelsea Mich

Filed

March 7 1914

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—12-12-2-000

Andrew G. Gade

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of <u>Sylvan</u>		RECORD OF BIRTH	
Village of <u>Chelsea</u>		Registered No. <u>8</u>	
City of _____ (No. _____ St.; _____ Ward)			
FULL NAME OF CHILD <u>Leo Napier Alexander</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>March 20</u> , 19 <u>14</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Archie Alexander</u>	FULL MAIDEN NAME MOTHER <u>Maud M^c Cormie</u>		
RESIDENCE <u>Chelsea Mich</u>	RESIDENCE <u>Chelsea</u>		
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Chelsea Mich</u>	BIRTHPLACE <u>Detroit Mich</u>		
OCCUPATION <u>Labourer</u>	OCCUPATION <u>None</u>		
Number of child of this mother _____		Number of children, of this mother, now living _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on March 20, 1914, at 7 A.M.

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

(Signature) Geo W Palmer M.D.Dated March 20, 1914

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

Given or christian name added from a supplemental report _____ 19____

Address Chelsea MichFiled March, 1914

REGISTRAR.

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

M. 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>Dylan</u>		RECORD OF BIRTH	
Village of <u>Chelsea</u>		Registered No. <u>48</u>	
City of _____ (No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD <u>Evelyn Francisca Scripture</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>March 16</u> , 19 <u>14</u> (Month) (Day) (Year)
FULL NAME <u>William Scripture</u>	FATHER	FULL MAIDEN NAME <u>Lula Eldridge</u>	MOTHER
RESIDENCE <u>Chelsea</u>		RESIDENCE <u>Chelsea</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>49</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>New York</u>		BIRTHPLACE <u>New York</u>	
OCCUPATION <u>Labourer</u>		OCCUPATION <u>None</u>	
Number of child of this mother <u>Second</u>		Number of children, of this mother, now living <u>Second</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on March 14, 1914, at 4:30 M.

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

(Signature) L. T. Woods M.D.Dated Mar 12, 1914

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

Given or christian name added from a supplemental report _____ 19 _____

Address _____

Filed 3/23, 19141914

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		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township of <u>Dylan</u>		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>44</u>	
City of _____ (No. _____ St.; _____ Ward)			
FULL NAME OF CHILD <u>Walter Clarence Mayer</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>March 24</u> , 19 <u>14</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>Geo John Mayer</u>		FULL MAIDEN NAME <u>Amanda A Soney</u>	
RESIDENCE <u>Chelsea Mich</u>		RESIDENCE <u>Chelsea Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Freedom Sp. Wash Co</u>		BIRTHPLACE <u>Lima Sp Wash Co</u>	
OCCUPATION <u>Carpenter</u>		OCCUPATION <u>at home</u>	
Number of child of this mother <u>Three</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 March 24, 1914, at 12:00 P.M.

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

Given or christian name added from a supplemental report _____ 19____

(Signature) Andros Gulde M.D.

Dated 3/26 1914 (Attending physician, midwife, father, etc.)*

Address Chelsea Mich

Filed 3/26 1914 H. J. Dancer

REGISTRAR. REGISTRAR.

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

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.

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 11

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

(No. _____ St.; _____ Ward)

FULL NAME OF CHILD Neil Kenyon Simpson

(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 March 19, 1914
(Month) (Day) (Year)

FATHER
FULL NAME Geo A. Simpson

MOTHER
FULL MAIDEN NAME Bessie Kenyon

RESIDENCE Chelsea

RESIDENCE Chelsea

COLOR OR RACE White AGE AT LAST BIRTHDAY 48 (Years)

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

BIRTHPLACE Michigan

BIRTHPLACE Ohio

OCCUPATION Accountant

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 March 19, 1914, 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) L. G. Bush M. D.

Dated March 19, 1914

Given or christian name added from a

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

supplemental report _____ 19 _____

Address Chelsea

Filed 3/28, 1914 W. J. Dancer

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		RECORD OF BIRTH	
County of <u>Washtenaw</u>	Registered No. <u>12</u>		
Township of <u>Sylvan</u>			
or Village of <u>Chelsea</u>			
City of _____ (No. _____ St.; _____ Ward)			
FULL NAME OF CHILD <u>Edna L. Cooke</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 7</u> , 19 <u>14</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Ernest Cooke</u>	FULL MAIDEN NAME MOTHER <u>Uriabel Carpenter</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>29</u> (Years)
BIRTHPLACE <u>Delta Sp Mich</u>	BIRTHPLACE <u>Chelsea</u>		
OCCUPATION <u>Machinist</u>	OCCUPATION <u>None</u>		
Number of child of this mother <u>3</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 April 7, 1914, at 7 P.M.

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

Given or christian name added from a supplemental report _____ 19____

(Signature) Geo W PalmerDated April 8, 1914

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

Address Chelsea MichFiled 4/8/14, 1914

REGISTRAR.

REGISTRAR.

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

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.

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

RECORD OF BIRTH

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

Registered No. 13

FULL NAME
OF CHILD

Francis Marion Riggs

(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 _____ } Legitimate? Yes Date of Birth April 17, 1914
(Month) (Day) (Year)

FULL NAME FATHER Harry F. Riggs FULL MAIDEN NAME MOTHER Ethel Larkins

RESIDENCE Chelsea Mich RESIDENCE Chelsea Mich

COLOR OR RACE White AGE AT LAST BIRTHDAY 30 (Years) COLOR OR RACE White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Rochester N. Y. BIRTHPLACE Nashville Mich

OCCUPATION Machinist OCCUPATION At home

Number of child of this mother Third

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 April 17, 1914, 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) Andrew Gould

Dated 4/20 1914

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

Given or christian name added from a supplemental report _____ 19 _____

Address Chelsea Mich

Filed 4/20 1914 H. J. Dancer

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		STATE OF MICHIGAN		Department of State--Division of Vital Statistics	
County of <u>Washington</u>		RECORD OF BIRTH			
Township of _____ or Village of <u>Chelsea</u> or City of _____ (No. _____, St.; _____ Ward)		Registered No. <u>14</u>			
FULL NAME OF CHILD <u>Essie N. Barker</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>Feb-16</u> , 19 <u>14</u>	(Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>Milton J. Barker</u>			FULL MAIDEN NAME <u>Ellen A. Becker</u>		
RESIDENCE <u>Chelsea</u>			RESIDENCE <u>Chelsea</u>		
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)		COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	
BIRTHPLACE <u>Holly Mich</u>			BIRTHPLACE <u>Lansing Mich</u>		
OCCUPATION <u>Tailor</u>			OCCUPATION <u>House wife</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-16, 1914, at 6⁰⁰ 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. BarkerDated Feb-20 1914

(Attending physician, midwife, father, etc.)

Given or christian name added from a supplemental report _____ 19____

Address Chelsea MichFiled 5/30 1914

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

or

City of _____

(No. _____

St.; _____

Ward) _____

Registered No. 105FULL NAME
OF CHILDShelburne named{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?noand { Number
in order
of birthLegiti-
mate?Date of
BirthMay 211914

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Robert Grober

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Freeborn, Ia. Was-co

OCCUPATION

Hay & Beans FarmerNumber of child of this mother ThirdFULL
MAIDEN
NAME

MOTHER

Bessie E. Swankhouse

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY14
(Years)

BIRTHPLACE

Chelsea

OCCUPATION

at homeNumber 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 21, 1914, at 10:40 A.* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. See in-
structions on back.(Signature) Andrew Gouldie M.D.Dated 5/23 1914

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

Given or christian name added from a

supplemental report _____ 19 _____

Address _____

Filed 5/23, 1914 R. L. Danner

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 220--12-12-2,000

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

or

City of

(No.

St.;

Ward)

FULL NAME
OF CHILD

Helen M. Smalley Helen Mildred

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

May 19, 1914

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Helen M. Smalley

RESIDENCE

Chelsea M.

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Ohio

OCCUPATION

Farmer

FULL
MAIDEN
NAME

MOTHER

Pena Shreve

RESIDENCE

Chelsea M.

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Ohio

OCCUPATION

None

Number of child of this mother

Second

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 19, 1914, 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)

G. W. Delmus

Dated 5/22 1914

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

Given or christian name added from a

supplemental report 19

Address

Filed 5/22 1914

H. J. Darn

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

or

City of _____

(No. _____)

St.; _____

Ward) _____

Registered No. 17FULL NAME
OF CHILD Nelson Samp{ 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 May 19, 1914

(Month)

(Day)

(Year)

FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY 37

(Years)

BIRTHPLACE

OCCUPATION

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY 28

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother Four

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 5/19, 1914, at 8:20 P. M. Sta* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. See in-
structions on back.(Signature) Andreas GouldDated 5/21 1914

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

Given or christian name added from a
supplemental report _____ 19 _____

Address _____

Filed 5/20, 1914W. J. Danan
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.

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

RECORD OF BIRTH

Township of _____

or

Village of _____

or

City of Chelsea

(No. _____)

St.; _____

Ward) _____

Registered No. 18FULL NAME
OF CHILDKenneth Alfred Gilbert{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?Single{ Number
in order
of birthLegiti-
mate?YesDate of
BirthJune 17

(Month)

(Day) 19
(Year)FULL
NAME

FATHER

Howard Gilbert

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Chelsea

OCCUPATION

MachinistFULL
MAIDEN
NAME

MOTHER

Margaret Lirbeck

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY26
(Years)

BIRTHPLACE

Chelsea

OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on June 17, 1914, at 9:20 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) _____

Date June 26, 1914

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

Given or christian name added from a

supplemental report _____ 19__

Address ChelseaFiled 6/26, 1914

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

or _____

City of _____

(No. _____)

St.; _____

Ward) _____

FULL NAME
OF CHILDEmmeline LouiseGulde

(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
BirthJuly 27

(Month)

(Day)

1914
(Year)FULL
NAME

FATHER

Andreas Gulde

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY40
(Years)

BIRTHPLACE

Chelsea Mich

OCCUPATION

M. D.FULL
MAIDEN
NAME

MOTHER

Emmeline M. Jackson

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Aurora Ontario

OCCUPATION

At Home

Number of child of this mother

Second

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 27, 1914, at 8 AM.

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

(Signature)

Andreas Gulde M.D.

Dated

July 29, 1914

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

Given or christian name added from a

supplemental report _____ 19 _____

Address

Chelsea

Filed

7/29, 1914 H. J. Dancer

REGISTRAR.

REGISTRAR.

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

Form 220-12-12-2-000

M. 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

Department of State—Division of Vital Statistics

County of

Washtenaw

RECORD OF BIRTH

Township of

or

Village of

or

City of

Chelsea

(No. _____)

Registered No.

20

St.; _____ Ward)

FULL NAME
OF CHILD

Nanette

Dancer

{ 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

Aug - 1,

19

12
(Month) (Day) (Year)FULL
NAME

FATHER

Emmett Dancer

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY35-
(Years)

BIRTHPLACE

Lima

OCCUPATION

Farmer

FULL
MAIDEN
NAME

MOTHER

Eva Notten

RESIDENCE

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Grand Lake Mich

OCCUPATION

None

Number of child of this mother

3

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 - 1, 1914, 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)

Eva Notten

Dated Aug 1 1914

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

Given or christian name added from a
supplemental report _____ 19____

Address

Chelsea Mich

Filed Aug - 5, 1914

N. J. Dancer

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

Chelsea

(No.

St.;

Ward)

Registered No.

21

FULL NAME
OF CHILD

Jacob Ambrose Lieber

(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 15 -

1914

(Month)

(Day)

(Year)

FULL
NAME

FATHER

John Lieber

RESIDENCE

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY45 -
(Years)

BIRTHPLACE

Chelsea

OCCUPATION

Teacher

FULL
MAIDEN
NAME

MOTHER

Hera Miller

RESIDENCE

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY38 -
(Years)

BIRTHPLACE

Chelsea

OCCUPATION

Housewife

Number of child of this mother

8

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 Aug 15, 1914, at 8 A.M.

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

(Signature)

S. G. Smith

Dated

Aug 24 1914

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

Given or christian name added from a

supplemental report

19

Address

Filed

Aug 22, 1914

H. J. Danca

REGISTRAR.

REGISTRAR.

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.

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

MARGIN RESERVED FOR BINDING.

Form 230—12-12-2,000

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

Department of State--Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of _____

or _____

Village of Chelsea

or _____

City of _____

(No. _____, St.; _____ Ward)

Registered No. 22FULL NAME
OF CHILDWilliam Dorothy Schmidt

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

Sex of
childFemaleTwin,
triplet,
or other?} and (Number
in order
of birthLegiti-
mate?Date of
BirthSept241914

(Month)

(Day)

(Year)

FULL
NAMEJohn G. Schmidt

FATHER

FULL
MAIDEN
NAMESophia Viesel

MOTHER

RESIDENCE

Chelsea Mich

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY26
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Germany

BIRTHPLACE

Germany

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother

5

Number of children, of this mother, now living

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Sept-24, 1914, at 4 P. M.

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

(Signature)

W. W. Schmidt

Dated

Sept. 24-1914

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

Given or christian name added from a
supplemental report _____ 19__

Address _____

Filed

Sept. 26, 1914H. J. Dancer

REGISTRAR.

REGISTRAR.

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

M. 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.

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

RECORD OF BIRTH

PLACE OF BIRTH
County of Washington
Township of _____
or _____
Village of Chelsea
or _____
City of _____ (No. _____ St.; _____ Ward)

Registered No. 207

FULL NAME OF CHILD Anna Walelle Schneider

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 2 Legitimate? yes Date of Birth Sept. 12, 1914
(Month) (Day) (Year)

FATHER FULL NAME Oscar Schneider MOTHER FULL MAIDEN NAME May Lembrecht

RESIDENCE Chelsea RESIDENCE Chelsea

COLOR OR RACE White AGE AT LAST BIRTHDAY 35 (Years) COLOR OR RACE White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Michigan BIRTHPLACE Michigan

OCCUPATION Merchant OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Sept. 12, 1914, at 8:30 A.

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

(Signature) J. H. Bush

Dated Sept. 22 1914

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

Address Chelsea

Filed Sept. 22 1914 J. H. Bush

REGISTRAR.

REGISTRAR.

Given or christian name added from a supplemental report _____ 19____

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

RECORD OF BIRTH

Township of _____

or Village of Chelora

or _____

City of _____

No. _____ St.; _____ Ward)

Registered No. 24FULL NAME
OF CHILDRobert David Schneider

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

Sex of
childMaleTwin,
triplet,
or other?Twoand (Number
in order
of birth2Legiti-
mate?YesDate of
BirthSept-12

(Month)

(Day)

1914
(Year)FULL
NAME

FATHER

Oscar SchneiderFULL
MAIDEN
NAME

MOTHER

May Len Trecht

RESIDENCE

Chelora

RESIDENCE

CheloraCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY36-
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Michigan

BIRTHPLACE

Michigan

OCCUPATION

Merchant

OCCUPATION

Housewife

Number of child of this mother

2

Number of children, of this mother, now living

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Sept 12, 1914, at 8:00 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

Sept 22, 1914

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

Given or christian name added from a
supplemental report _____ 19____

Address _____

Filed

Sept 22, 1914H. J. Dancer

REGISTRAR.

REGISTRAR.

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

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.

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

RECORD OF BIRTH

PLACE OF BIRTH
County of Washtenaw
Township of _____
or _____
Village of Chelsea
or _____
City of _____ (No. _____, _____ St.; _____ Ward)
Registered No. 25

FULL NAME OF CHILD James Howe
(If child is not yet named, make supplemental report, as directed.)

Sex of child <u>Male</u>	Twin, triplet, or other? _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Sept</u> <u>7</u> , 19 <u>14</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Thomas Howe</u> RESIDENCE <u>Chelsea</u> COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>38</u> (Years) BIRTHPLACE <u>Waterloo Sp. Mich</u> OCCUPATION <u>Laborer</u>			MOTHER FULL MAIDEN NAME <u>Alice M. Guise</u> RESIDENCE <u>Chelsea</u> COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>37</u> (Years) BIRTHPLACE <u>Dexter Sp</u> OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>7</u>			Number of children, of this mother, now living <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Sept 7, 1914, at 7:18 A.M.

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

(Signature) George Palmer

Dated Sept 1914

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

Given or christian name added from a supplemental report _____ 19____

Address _____

Filed Sept 16, 1914 H. J. Lauen

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		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>26</u>	
or City of _____		(No. _____ St.; _____ Ward)	
FULL NAME OF CHILD <u>Robert Le Roy French</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-7</u> , 19 <u>14</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Roy French</u>		MOTHER FULL MAIDEN NAME <u>Ruth Hunter</u>	
RESIDENCE <u>Chelsea</u>		RESIDENCE <u>Chelsea</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>18</u> (Years)
BIRTHPLACE <u>Dexter</u>		BIRTHPLACE <u>Chelsea</u>	
OCCUPATION <u>Mechanic</u>		OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Sept-7, 1914, at 109 M.

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

(Signature) S. E. BushDated Sept 16, 1914

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

Given or christian name added from a supplemental report _____ 19____

Address _____

Filed Sept 16, 1914

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH Washtenaw STATE OF MICHIGAN
 County of Washtenaw Department of State--Division of Vital Statistics
 RECORD OF BIRTH
 Township of _____ Registered No. 27
 or _____
 Village of Chelsea
 or _____
 City of _____ (No. _____, St.; _____ Ward)
 FULL NAME OF CHILD Dale Hudson Hyblum { 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 Sept, 23, 1914
 (Month) (Day) (Year)
 FULL NAME FATHER William Hyblum FULL MAIDEN NAME MOTHER Margaret Hudson
 RESIDENCE Chelsea RESIDENCE Chelsea
 COLOR OR RACE White AGE AT LAST BIRTHDAY 47 (Years) COLOR OR RACE White AGE AT LAST BIRTHDAY 35 (Years)
 BIRTHPLACE Michigan BIRTHPLACE Michigan
 OCCUPATION Day Laborer 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 Sept 23, 1914, at 8 A. M.
 { * When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. } (Signature) S. G. Wush
 Dated Sept 28 1914 (Attending physician, midwife, father, etc.)*
 Given or christian name added from a supplemental report _____ 19____ Address _____
 Filed Sept 30, 1914 W. J. Lancer
 REGISTRAR. REGISTRAR.

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

Form 220-12-12-2,000

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 _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>28</u>	
or City of _____		(No. <u>Elona Golda</u> St.; _____ Ward)	
FULL NAME OF CHILD <u>Mary May Aldon</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? _____
Date of Birth <u>Sept 28</u> , 19 <u>14</u>		(Month) _____ (Day) _____ (Year) _____	
FATHER		MOTHER	
FULL NAME <u>Frank E. Aldon</u>		FULL MAIDEN NAME <u>Myrtle Craft</u>	
RESIDENCE <u>Chelsea</u>		RESIDENCE <u>Chelsea</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>26</u> (Years)
BIRTHPLACE <u>Greenup N. Y.</u>		BIRTHPLACE <u>Greenup N. Y.</u>	
OCCUPATION <u>Laber in Saw Mill</u>		OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>Fifth</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 Sept 28, 1914, at 11:10 M.

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

(Signature) Andrew GaulteDated Sept 29, 1914

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

Given or christian name added from a supplemental report _____ 19____

Address _____

Filed Sept 29, 1914

REGISTRAR.

REGISTRAR.

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

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.

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township of <u>Dexter</u>		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>29</u>	
City of _____		(No. _____ St.; _____ Ward)	
FULL NAME OF CHILD <u>May Jane</u>		<u>Burg</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>Oct 26</u> , 19 <u>14</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>John Vincent Burg</u>		FULL MAIDEN NAME <u>Mary Spruagle</u>	
RESIDENCE <u>Chelsea Mich</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>24</u> (Years)
BIRTHPLACE <u>Liverpool Ohio</u>		BIRTHPLACE <u>Chelsea Mich</u>	
OCCUPATION <u>Pharmacist</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 Oct 26, 1914, at 1148 M. ^{5x}

*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 Oct 26 1914

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

Given or christian name added from a supplemental report 19Address Chelsea MichFiled Oct 29, 1914 W. J. Duncan

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 Washington STATE OF MICHIGAN
 County of Wayne Department of State—Division of Vital Statistics
 Township of Strom **RECORD OF BIRTH** 30
 or Chelsea Registered No. 29
 Village of _____
 or _____
 City of _____ (No. _____ St.; _____ Ward)
 FULL NAME OF CHILD May Lura { 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>Oct 25</u> , 19 <u>14</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Steve Lura</u> RESIDENCE <u>Chelsea</u> COLOR OR RACE <u>white</u> AGE AT LAST BIRTHDAY <u>42</u> (Years) BIRTHPLACE <u>Poland Austria</u> OCCUPATION <u>Labra</u>			MOTHER FULL MAIDEN NAME <u>Katharine Messtall</u> RESIDENCE <u>Chelsea Mich</u> COLOR OR RACE <u>white</u> AGE AT LAST BIRTHDAY <u>39</u> (Years) BIRTHPLACE <u>Prussia Poland</u> OCCUPATION <u>None</u>	
Number of child of this mother <u>Eight</u>			Number of children, of this mother, now living <u>14</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Oct 26, 1914, at 2 P.M.

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

(Signature) Geo W PalmerDated Oct 27 1914

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

Given or christian name added from a supplemental report _____ 19____

Address Chelsea MichFiled Oct 27 1914

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WashtenawTownship of Sylvanor Chelsea

Village of

or

City of Ann Arbor

(No. _____)

St.; _____

Ward) _____

FULL NAME
OF CHILD Herbert(If child is not yet named, make
supplemental report, as directed.)Sex of
child FemaleTwin,
triplet,
or other?

} and {

Number
in order
of birthLegiti-
mate? YESDate of
Birth Oct 181914

(Month)

(Day)

(Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR
OR RACEAGE AT LAST
BIRTHDAY34
(Years)COLOR
OR RACEAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother 4Number 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 18, 1914, at 11 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 Oct 20 1914

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

Given or christian name added from a
supplemental report 19

Address _____

Filed Oct 24, 1917

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 220-12-12-2,000

In order of birth, stated.

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,

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

RECORD OF BIRTH

Township of SylvanRegistered No. 32or
Village of Chelseaor
City of _____

(No. _____ St.; _____ Ward)

FULL NAME
OF CHILDCatharine Edmondson Edwards

(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
BirthOct41914

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Norman Edwards

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Ohio

OCCUPATION

ChemistFULL
MAIDEN
NAME

MOTHER

Gertrude Peckham

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Ohio

OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Oct 4, 1914, 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) D. H. BushDated Oct 18 1914

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

Given or christian name added from a
supplemental report 19

Address _____

Filed Oct 13 1914H. J. Danen

REGISTRAR.

REGISTRAR.

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

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.

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
RECORD OF BIRTH			
Township of <u>Sylvan</u>		Registered No. <u>33</u>	
Village of <u>Chelsea</u>			
City of _____ (No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD <u>May Katherine Visel</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>Nov 10</u> , 19 <u>44</u> (Month) (Day) (Year)
FATHER FULL NAME <u>John Visel</u> RESIDENCE <u>Chelsea Mich</u> COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>38</u> (Years) BIRTHPLACE <u>North Pl.</u> OCCUPATION <u>Carpenter</u>		MOTHER FULL MAIDEN NAME <u>May Agnes Keelan</u> RESIDENCE <u>Chelsea Mich</u> COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>30</u> (Years) BIRTHPLACE <u>Sylvan Mich</u> OCCUPATION <u>at home</u>	
Number of child of this mother <u>3</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 10, 1944, at 1:00 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. Gude

Dated Nov 10, 1944

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

Given or christian name added from a supplemental report _____ 19 _____

Address Chelsea Mich

Filed Nov 10, 1944

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of _____

or Village of Chelsea

or _____

City of _____

(No. _____, _____ St.; _____ Ward)

Registered No. 34FULL NAME
OF CHILDThomas Robert Swegles

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
BirthNov 4

(Month)

(Day)

1914
(Year)FULL
NAME

FATHER

Isa B. Swegles

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Wayne Mich

OCCUPATION

Left Motor Cycle FactoryFULL
MAIDEN
NAME

MOTHER

Mary E. Bader

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Toronto Ontario

OCCUPATION

at home

Number of child of this mother

3

Number of children, of this mother, now living

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Nov 4, 1914, 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)

Andrew Guldre

Dated

Nov 4 1914

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

Given or christian name added from a

supplemental report

1914

Address

Filed

Nov 51914W. J. Janar

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

Chelsea

City of

(No. _____)

St.; _____

Ward _____

Registered No.

365

FULL NAME
OF CHILD

Gertrude Adison

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

Dec 16

(Month)

(Day)

1914 (Year)

FULL
NAME

FATHER

John G. Adison

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

40

(Years)

BIRTHPLACE

Germany

OCCUPATION

Butcher

FULL
MAIDEN
NAME

MOTHER

Anna S. Mohrlocht

RESIDENCE

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

31

(Years)

BIRTHPLACE

Sylvan Spd

OCCUPATION

Housewife

Number of child of this mother

5

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 16, 1914, at 80 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)

H. W. Schmidt

Dated

Dec 22, 1914 H. W. Schmidt

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

Address

Chelsea Mich

Filed

Dec 28, 1914 H. J. Danon

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.
Form 280--12-12-2,000

In order of birth, stated. 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,

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>Chlor</u>		Registered No. <u>76</u>	
or City of _____		(No. _____ St; _____ Ward)	
FULL NAME OF CHILD <u>Emil Fay</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <u>Female</u>	Twin, triplet, or other? _____	Legitimate? <u>YES</u>	Date of Birth <u>Nov 28</u> , 19 <u>14</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>Louise Bagge</u>		FULL MAIDEN NAME <u>Emil Bagge</u>	
RESIDENCE <u>Chlor</u>		RESIDENCE <u>Chlor</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Chlor Mich</u>		BIRTHPLACE <u>Oak Park Mich</u>	
OCCUPATION <u>Attender</u>		OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Nov 28, 1914, 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) S. H. BushDated Dec 4 1914

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

Given or christian name added from a supplemental report _____ 19____

Address _____

Filed Dec 5, 1914

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 ChelseaRegistered No. 37FULL NAME OF CHILD Ellsworth Mills Buchanan

(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

(Month) (Day) (Year)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR OR RACE

AGE AT LAST BIRTHDAY

(Years)

COLOR OR RACE

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Dec 26, 1916, at 4 P.M.

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

(Signature) J. H. B. B. B.Dated Dec 26 1916

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

Given or christian name added from a supplemental report 19

Address

Filed Dec 26, 1916

REGISTRAR.

REGISTRAR.

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

In order of birth, stated.

Form 220-12-12-2,000

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 <u>Salem</u>		RECORD OF BIRTH	
or Village of <u>Libran</u>		Registered No. <u>38</u>	
City of _____ (No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD <u>Earl L. Staybaugh</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? _____	Date of Birth <u>Jan 25</u> , 19 <u>15</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>R. D. Staybaugh</u>		FULL MAIDEN NAME <u>May M. Rich</u>	
RESIDENCE <u>Oshtemo Mich</u>		RESIDENCE <u>Oshtemo Mich</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>25</u> (Years)
BIRTHPLACE <u>Lonia Mich</u>		BIRTHPLACE <u>Lenawee Ind</u>	
OCCUPATION <u>Elect.</u>		OCCUPATION <u>Housewife</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 Jan 25, 1915, at 10:20 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 1/25 1915(Attending physician, midwife, father, etc. *) M. D.

Given or christian name added from a supplemental report _____ 19____

Address _____

Filed 1/30 1915

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washtenaw

Township of

Sylvan

Village of

Chlor

City of

(No)

St.;

Ward)

FULL NAME
OF CHILD

John Joseph

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

Male

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

Jan 15-

1915

(Month)

(Day)

(Year)

FULL
NAME

FATHER

John Joseph

RESIDENCE

Chlor

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

30

(Years)

BIRTHPLACE

Austria Hungary

OCCUPATION

Laborer

FULL
MAIDEN
NAME

MOTHER

Margaret Abber

RESIDENCE

Chlor

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

25

(Years)

BIRTHPLACE

Austria Hungary

OCCUPATION

None

Number of child of this mother

Second

Number of children, of this mother, now living

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Jan 15-, 1915, at 5 P M.

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

(Signature)

E. W. D. Palmer

Dated Jan 15- 1915-

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

Given or christian name added from a

supplemental report

19

Address

Filed

1/15-

19

25. J. Danca

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 230-12-12-2-000

In order of birth, stated.

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,

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

RECORD OF BIRTH

Township of Dykeor Village of Chelsea

or City of _____

(No. _____ St.; _____ Ward)

FULL NAME
OF CHILDAlbert Galante{ If child is not yet named, make
supplemental report, as directed.Registered No. 40Sex of
childMaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?YesDate of
BirthJan 251915

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Albert Galante

RESIDENCE

Chelsea MCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY44
(Years)

BIRTHPLACE

Italy

OCCUPATION

Lab orFULL
MAIDEN
NAME

MOTHER

Georgia Calotta

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Italy

OCCUPATION

at homeNumber of child of this mother 751Number of children, of this mother, now living 54

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Jan 25, 1915, at 3 9 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 1/28 1915Andrew G. Gude

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

Given or christian name added from a
supplemental report _____ 19____

Address _____

Filed 1/30 1915H. J. Danca

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

County of Washington

Township of _____

or _____

Village of Chelsoa

or _____

City of _____

(No. _____)

St.; _____

Ward) _____

FULL NAME
OF CHILDElena May Malloy{ If child is not yet named, make
supplemental report, as directed.Sex of
childfemaleTwin,
triplet,
or other?

}

{ Number
in order
of birthLegiti-
mate?Date of
BirthFeb 281915

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Frank Malloy

RESIDENCE

ChelsoaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

South Dade

OCCUPATION

BarberFULL
MAIDEN
NAME

MOTHER

Oliver Sanchez

RESIDENCE

ChelsoaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Chelsoa

OCCUPATION

NoneNumber of child of this mother FirstNumber of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Feb 28, 1915, at 11 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

Mar 1, 1915

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

Given or christian name added from a

supplemental report _____ 19 _____

Address _____

Filed

2/27

19 _____

H. J. Danvers

REGISTRAR.

REGISTRAR.

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

In order of birth, stated.

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.

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>Chillico</u>		Registered No. _____	
or City of _____ (No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD <u>Duane E. Winans</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? _____
Date of Birth <u>FEB 15</u>		19 <u>16</u>	
(Month) (Day) (Year)			
FULL NAME FATHER <u>Elmer E. Winans</u>	FULL MAIDEN NAME MOTHER <u>Lena B. Burkhardt</u>		
RESIDENCE <u>Chillico</u>	RESIDENCE <u>Chillico</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>28</u> (Years)
BIRTHPLACE <u>Chillico</u>	BIRTHPLACE <u>Lima, Pa.</u>		
OCCUPATION <u>Horticulturist</u>	OCCUPATION <u>None</u>		
Number of child of this mother <u>4</u>		Number of children, of this mother, now living <u>four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on _____, 19____, at 8²⁰ 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 Feb 27 19____

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

Given or christian name added from a supplemental report _____ 19____

Address _____

Filed 2/28 19____ H. J. Janca

REGISTRAR.

REGISTRAR.

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

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.

STATE OF MICHIGAN
Department of State—Division of Vital Statistics
RECORD OF BIRTHPLACE OF BIRTH
County of Washtenaw
Township of _____
or
Village of Chelsea
or
City of _____ (No. _____, _____ St.; _____ Ward)Registered No. 47FULL NAME OF CHILD Stanley Paul Nagadon { If child is not yet named, make supplemental report, as directed.Sex of child _____ Twin, triplet, or other? _____ } and { Number in order of birth _____ Legitimate? _____ Date of Birth Feb 26, 1915
(Month) (Day) (Year)FULL NAME FATHER Charles H NagadonRESIDENCE ChelseaCOLOR OR RACE White AGE AT LAST BIRTHDAY 56 (Years)BIRTHPLACE Detroit M. I.OCCUPATION LaborerFULL MAIDEN NAME MOTHER Elizabeth PageRESIDENCE ChelseaCOLOR OR RACE White AGE AT LAST BIRTHDAY 44 (Years)BIRTHPLACE Detroit M. I.OCCUPATION NurseNumber of child of this mother NineNumber of children, of this mother, now living Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Feb 26, 1915, at 3 44 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 27 1915

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

Given or christian name added from a supplemental report _____ 19____

Address _____

Filed 7/27, 1915 H. J. Danvers

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

STATE OF MICHIGAN
Department of State--Division of Vital StatisticsCounty of Washtenaw

RECORD OF BIRTH

Township of _____

Registered No. 7or
Village of Chelsea

City of _____

(No. _____ St; _____ Ward)

FULL NAME
OF CHILDHenry G. Durfee

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

Sex of
childMaleTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?yesDate of
BirthMarch 19, 1915
(Month) (Day) (Year)FULL
NAME

FATHER

Justus B. Durfee
Chelsea Mich

RESIDENCE

COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY43
(Years)

BIRTHPLACE

Austin T. Mich

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Hattie Mills

RESIDENCE

Chelsea MichCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY39
(Years)

BIRTHPLACE

Hudson Mich

OCCUPATION

HouseNumber of child of this mother 11th

Number of children, of this mother, now living _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on March 19, 1915, 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)

G. W. PalmerDated March 19, 1915

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

Given or christian name added from a

supplemental report _____ 19 _____

Address

Chelsea MichFiled 3/24, 1915George M. Sittz

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WashtenawTownship of SylvaniaVillage of Chelsea

City of _____

(No. _____ St.; _____ Ward)

FULL NAME
OF CHILDEdward Everett Stinner{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?

}

and { Number
in order
of birth

}

Legiti-
mate?yesDate of
BirthMarch 301915

(Month) (Day) (Year)

FULL
NAME

FATHER

Ernest P. Stinner

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY28

(Years)

BIRTHPLACE

Dosco Livingston Co

OCCUPATION

Cabinet MakerFULL
MAIDEN
NAME

MOTHER

Bertha Simpson

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY34

(Years)

BIRTHPLACE

Dosco Livingston Co

OCCUPATION

House wifeNumber of child of this mother 3Number of children, of this mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on March 30, 1915, at 11:45 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)

Byron Defendorf M.D.

Dated

4-1-1915

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

Address

Chelsea Mich

Filed

4/3, 1915Geo M Sitz

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 220-12-12-2,000

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 Washtenaw STATE OF MICHIGAN
 County of Washtenaw Department of State--Division of Vital Statistics
 Township of _____
 or _____
 Village of Chelsea RECORD OF BIRTH
 or _____
 City of _____ (No. _____ St.; _____ Ward)
 FULL NAME OF CHILD Lawrence H. Ward Registered No. 9
 { 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>April 5</u> , 19 <u>15</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Floyd H. Ward</u>			FULL MAIDEN NAME <u>Minnie M. May</u>	
RESIDENCE <u>Chelsea</u>			RESIDENCE <u>Chelsea Mich</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>38</u> (Years)	
BIRTHPLACE <u>Agusta Mich</u>			BIRTHPLACE <u>Carrie Ohio</u>	
OCCUPATION <u>tin smith</u>			OCCUPATION <u>none</u>	
Number of child of this mother <u>6th</u>			Number of children, of this mother, now living <u>four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 5, 1915, 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. PalmerDated April 5 1915

(Attending physician, midwife, father, etc.)

Given or christian name added from a supplemental report _____ 19____

Address Chelsea Mich.Filed 4/10, 1915

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 Chelsea

or

City of _____

(No. _____)

St.; _____

Ward) _____

Registered No. 10FULL NAME
OF CHILDCathrine Brosamile{ If child is not yet named, make
supplemental report, as directed.Sex of
childFemaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?yesDate of
BirthApril301915

(Month)

(Day)

(Year)

FULL
NAME

FATHER

John H Brosamile

RESIDENCE

ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY49

(Years)

BIRTHPLACE

Washtenaw

OCCUPATION

CarpenterFULL
MAIDEN
NAME

MOTHER

Bessie E. Young

RESIDENCE

ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY38

(Years)

BIRTHPLACE

Sylvan

OCCUPATION

Teacher

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 April 30, 1915, at 10,30 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)

H. W. Schmidt M.D.

Dated

May 1 1915

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

Address

Chelsea Mich

Filed

May 2, 1915G. M. Slettz

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

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of _____

or Village of Chelsea

or City of _____

(No. _____ St.; _____ Ward)

FULL NAME OF CHILD

Nelson E. Defendorf

(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

May 8, 1915

(Month)

(Day)

(Year)

FULL NAME

FATHER

Horatio E. Defendorf

FULL MAIDEN NAME

MOTHER

Mina J. Steger

RESIDENCE

Chelsea

RESIDENCE

Chelsea

COLOR OR RACE

white

AGE AT LAST BIRTHDAY

26

(Years)

COLOR OR RACE

white

AGE AT LAST BIRTHDAY

28

(Years)

BIRTHPLACE

Howellville Mich.

BIRTHPLACE

Chelsea

OCCUPATION

Voluntary Surgeon

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 8, 1915, 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)

Geo W. Palmer

Dated

May 16 1915

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

Given or christian name added from a supplemental report _____ 19____

Address

Chelsea Mich

Filed

May 16 1915Geo. M. Seitz

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 Chelsea

or

City of _____

(No. _____)

St.; _____

Ward) _____

Registered No. 12FULL NAME
OF CHILDMay Young{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?

{ and {

Number
in order
of birthLegiti-
mate?yesDate of
BirthMay 271915
(Month) (Day) (Year)FULL
NAME

FATHER

Arthur Young
Chelsea Mich

RESIDENCE

COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Sylvan Twp.

OCCUPATION

LabourerFULL
MAIDEN
NAME

MOTHER

Lillie Urick
Chelsea

RESIDENCE

COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

Freedom Twp.

OCCUPATION

Nurse

Number of child of this mother

fourth

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 May 27, 1915, at 7:30 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 Palmer

Dated

May 28 1915

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

Given or christian name added from a
supplemental report _____ 19 _____

Address

Chelsea Mich

Filed

June 1, 1915Geo M. Sitz

REGISTRAR.

REGISTRAR.

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

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

Department of State--Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____)

St.; _____

Ward) _____

Registered No. 13FULL NAME
OF CHILDEldon Shelby Harris{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?{ and (Number
in order
of birthLegiti-
mate?yesDate of
BirthMay 261955

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Robert HarrisFULL
MAIDEN
NAME

MOTHER

Maggie Four

RESIDENCE

Chelsea

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY30

(Years)

COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY30

(Years)

BIRTHPLACE

England

BIRTHPLACE

Michigan

OCCUPATION

Cement Worker

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 May 26, 1955, 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)

C. G. Bush

Dated

June 3, 1955

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

Given or christian name added from a

supplemental report

19

Address

Chelsea

Filed

June 4, 1955G. M. Sutz

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

or

City of _____

(No. _____, _____ St.; _____ Ward)

Registered No. 14FULL NAME
OF CHILDEdna Augusta Ewing{ 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
BirthJune 21, 1915
(Month) (Day) (Year)FULL
NAME

FATHER

George A. EwingFULL
MOTHER
NAME

MOTHER

Jennie Sterling

RESIDENCE

Chelsea

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY40
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

Michigan

BIRTHPLACE

Michigan

OCCUPATION

Lumberman

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 21, 1915, at 8 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 _____

June 29, 1915Physician

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

Given or christian name added from a
supplemental report.....19.....

Address _____

Chelsea

Filed _____

June 29, 1915Geo M. Sitz

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

In order of birth, stated.

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

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>101</u>	
or City of _____ (No. _____, St.; _____ Ward)			
FULL NAME OF CHILD <u>Mary Gertrude Hindelang</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? _____	Date of Birth <u>June 28</u> , 19 <u>15</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Alfred Hindelang</u>		FULL MAIDEN NAME MOTHER <u>Agnes Farrell</u>	
RESIDENCE <u>Chelsea</u>		RESIDENCE <u>Chelsea</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Michigan</u>		BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Merchant</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 June 28, 1915, at 4 P. M.

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

(Signature) Dr. L. G. BushDated July 7, 1915

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

Given or christian name added from a supplemental report _____ 19____

Address ChelseaFiled July 7, 1915

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of WashtenawTownship of Sylvan

or

Village of Chelsea

or

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

Registered No. 16FULL NAME
OF CHILDMary Catharine Bockus

(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
BirthJuly231915

(Month) (Day) (Year)

FULL
NAME

FATHER

George R. Bockus

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY34

(Years)

BIRTHPLACE

Denton Mich

OCCUPATION

MachinistFULL
MAIDEN
NAME

MOTHER

Mary E. Conklin

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY36

(Years)

BIRTHPLACE

Dexter Mich

OCCUPATION

at homeNumber 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 23, 1915, at 8:10 P.M.

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

(Signature)

Andros Hulda M.D.

Dated

July 26, 1915

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

Given or christian name added from a

supplemental report _____ 19____

Address

Chelsea Mich

Filed

7/27, 1915G. M. Setz

REGISTRAR.

REGISTRAR.

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

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.

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
 or
 Village of Cuba
 or
 City of _____

RECORD OF BIRTH

Registered No. 17FULL NAME
OF CHILDUdrea May Carpenter

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

Sex of
childfemaleTwin,
triplet,
or other?Number
in order
of birthLegiti-
mate?yesDate of
BirthAug 10, 1915
(Month) (Day) (Year)FULL
NAME

FATHER

Charles H. CarpenterFULL
MAIDEN
NAME

MOTHER

Mildred J. Tate

RESIDENCE

Detroit Mich

RESIDENCE

Detroit MichCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY19
(Years)COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Albion Mich

BIRTHPLACE

Glennville Ohio

OCCUPATION

Tool Maker

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 Aug 10, 1915, 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)

Geo W. Palmer M.D.

Dated

Aug 12 1915

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report

19

Address

Cuba Mich

Filed

8/12 1915G. M. Sutz

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

County of Washtenaw

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Township of _____

or
Village of Chelseaor
City of _____

(No. _____ St.; _____ Ward)

FULL NAME
OF CHILDHarbert Carlton Wallace{ If child is not yet named, make
supplemental report, as directed.Registered No. 18Sex of
childMaleTwin,
triplet,
or other multiple and { Number
in order
of birthLegiti-
mate? yesDate of
BirthAug
(Month)27
(Day)1915
(Year)FULL
NAME

FATHER

J. B. WallaceFULL
MAIDEN
NAME

MOTHER

Bertha Albar

RESIDENCE

Chelsea

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY37
(Years)COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Ill.

BIRTHPLACE

Chelsea Mich

OCCUPATION

Machinist

OCCUPATION

HousewifeNumber of child of this mother twoNumber of children, of this mother, now living two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Aug 27, 1915, at 4 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)

L. S. BushDated Sept 7, 1915

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

Given or christian name added from a
supplemental report 19

Address

ChelseaFiled 9/61915G. M. Seitz

REGISTRAR.

REGISTRAR.

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

In order of birth, stated.

Form 220-12-1-2-2,000

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

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. 19FULL NAME
OF CHILDStaffan{ 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>Sept</u> , <u>17</u> , 19 <u>15</u> (Month) (Day) (Year)
----------------------------	--------------------------------	--------------------------------------	------------------------	------------------------------------------------------------------------------

FATHER		MOTHER	
FULL NAME <u>Geo R. Staffan</u>	FULL MAIDEN NAME <u>Mar W Wood</u>	FULL NAME <u>Mar W Wood</u>	FULL MAIDEN NAME <u>Mar W Wood</u>
RESIDENCE <u>Chelsea Mich</u>	RESIDENCE <u>Chelsea Mich</u>	RESIDENCE <u>Chelsea Mich</u>	RESIDENCE <u>Chelsea Mich</u>
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Chelsea Mich</u>	BIRTHPLACE <u>Chelsea Mich</u>	BIRTHPLACE <u>Chelsea Mich</u>	BIRTHPLACE <u>Chelsea Mich</u>
OCCUPATION <u>Undertaker</u>	OCCUPATION <u>Housekeeper</u>	OCCUPATION <u>Housekeeper</u>	OCCUPATION <u>Housekeeper</u>
Number of child of this mother <u>3</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 Sept 17, 1915, at 4 P. M.

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

(Signature) G. W. PalmerDated Sept 18, 1915

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

Given or christian name added from a

supplemental report _____ 19____

Address Chelsea MichFiled 9/18, 1915G. M. Seitz

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

County of Dashewan

Township of _____

or

Village of Chelera

or

City of _____

(No. _____)

St.; _____

Ward _____

Registered No. 20FULL NAME
OF CHILDMargaret Ober{ If child is not yet named, make
supplemental report, as directed.Sex of
childFemaleTwin,
triplet,
or other?

} and

Number
in order
of birthLegiti-
mate?Date of
BirthOct221915

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Matthew Ober

RESIDENCE

Chelera MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY31

(Years)

BIRTHPLACE

Austria Hungary

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Merry Watch

RESIDENCE

Chelera MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY34

(Years)

BIRTHPLACE

Austria Hungary

OCCUPATION

House wife

Number of child of this mother

Sixth

Number of children, of this mother, now living

five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Oct 22, 1915, at 9 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)

Edw W. Palmer M.D.

Dated

Oct 25 1915

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

Given or christian name added from a

supplemental report

19

Address

Chelera Mich

Filed

10/25, 1915L. M. Sutz

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

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____, St.; _____ Ward)

Registered No. 21FULL NAME
OF CHILDMast(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>Oct</u> , <u>28</u> , 19 <u>15</u> (Month) (Day) (Year)
--------------------------	--------------------------------	--------------------------------------	------------------------	-----------------------------------------------------------------------------

FATHER		MOTHER	
FULL NAME <u>Carl Mast</u>	FULL MAIDEN NAME <u>Ella Mary Schwennwerth</u>	FULL NAME <u>Ella Mary Schwennwerth</u>	FULL MAIDEN NAME <u>Ella Mary Schwennwerth</u>
RESIDENCE <u>Chelsea Mich.</u>	RESIDENCE <u>Chelsea Mich.</u>	RESIDENCE <u>Chelsea Mich.</u>	RESIDENCE <u>Chelsea Mich.</u>
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Germany</u>	BIRTHPLACE <u>Sylvan Twp.</u>	BIRTHPLACE <u>Sylvan Twp.</u>	BIRTHPLACE <u>Sylvan Twp.</u>
OCCUPATION <u>Machinist</u>	OCCUPATION <u>Honor wife</u>	OCCUPATION <u>Honor wife</u>	OCCUPATION <u>Honor wife</u>
Number of child of this mother <u>first</u>		Number of children, of this mother, now living <u>None</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Oct 28, 1915, at 9 P. M.

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

(Signature) Geo W. PalmerDated Nov 1, 1915

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

Given or christian name added from a

supplemental report _____ 19____

Address Chelsea Mich.Filed 11/1, 1915

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

or _____

City of _____

(No. _____)

St.; _____

Ward _____

Registered No. 12FULL NAME
OF CHILDBurgass{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?

{ and {

Number
in order
of birthLegiti-
mate?yesDate of
Birth

(Month)

(Day)

(Year)

Oct, 31, 1915FULL
NAME

FATHER

George Burgass

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY19
(Years)

BIRTHPLACE

Sylvan Twp.

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Ortetta Gage

RESIDENCE

ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY18
(Years)

BIRTHPLACE

Sylvan Twp.

OCCUPATION

noneNumber of child of this mother SecondNumber of children, of this mother, now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Oct 31, 1915, at 6 P. M.* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. See in-
structions on back.

(Signature)

Geo W. Palmer

Dated

Nov 1, 1915

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

Given or christian name added from a
supplemental report 19

Address

Chelsea Mich.

Filed

11/1, 1915G M Seitz

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.

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 Chrysler
 or
 City of _____

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

RECORD OF BIRTH

Registered No. 23

(No. _____, _____ St.; _____ Ward)

FULL NAME
OF CHILD

(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>November 11</u> , 19 <u>15</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>Albert H. Nicolai</u>		FULL MAIDEN NAME <u>Christina H. Bauer</u>	
RESIDENCE <u>Chrysler Mich</u>		RESIDENCE <u>Chrysler Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Hopkins Mich</u>		BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Farming</u>		OCCUPATION <u>at home</u>	
Number of child of this mother <u>Fifth</u>		Number of children, of this mother, now living <u>Fifth</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Nov 11, 1915, at 3:20 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 G. Elder M.D.Dated Nov 11 1915

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

Given or christian name added from a

supplemental report _____ 19____

Address Chrysler Mich.Filed Nov 12, 1915E. M. Seitz

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

County of Washtenaw

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Township of _____

or

Village of Chelsea Mich.

or

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

FULL NAME
OF CHILDWilliam J. Moor Jr.Registered No. 24{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?

and

Number
in order
of birthLegiti-
mate?Date of
BirthNov, 23, 1915
(Month) (Day) (Year)FULL
NAME

FATHER

William J. Moor

RESIDENCE

Chelsea Mich.COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY36
(Years)

BIRTHPLACE

Adrian Mich.

OCCUPATION

LaborerFULL
MAIDEN
NAME

MOTHER

Adina Streeter

RESIDENCE

Chelsea Mich.COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY37
(Years)

BIRTHPLACE

Gima Mich.

OCCUPATION

HousekeeperNumber of child of this mother 5Number 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 23, 1915, 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)

H. W. Schmidt M.D.

Dated

Nov 29 1915

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

Given or christian name added from a

supplemental report _____ 19____

Address

Chelsea Mich.

Filed

Nov 24, 1915 G M Setz

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.
Form 820-12-12-2,000

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.

FORM 220-12-12-2,000--

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 Chulsa

or City of _____

(No. _____, St.; _____ Ward)

FULL NAME OF CHILD Not named

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

Sex of child <u>Female</u>	Twin, triplet, or other? <u>Single</u>	(Number in order of birth _____)	Legitimate? <u>yes</u>	Date of Birth <u>Nov 25</u> , 19 <u>15</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Edwin Brown</u> RESIDENCE <u>Chulsa</u> COLOR OR RACE <u>white</u> AGE AT LAST BIRTHDAY <u>27</u> (Years) BIRTHPLACE <u>Michigan</u> OCCUPATION <u>Clerk</u>			MOTHER FULL MAIDEN NAME <u>Mary Brayton</u> RESIDENCE <u>Chulsa</u> COLOR OR RACE <u>white</u> AGE AT LAST BIRTHDAY <u>27</u> (Years) BIRTHPLACE <u>Michigan</u> OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>1</u>			Number of children, of this mother, now living <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Nov 25, 1915, 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 Dec 6, 1915

Given or christian name added from a

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

supplemental report _____ 19____

Address Chulsa Mich

Filed Dec 6, 1915 Gm Sutz

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of WashtenawTownship of Lylvan

or

Village of Chelara

or

City of _____

(No. _____)

St.; _____

Ward) _____

FULL NAME
OF CHILDMaria Helen Luschinsky(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
BirthDec81915

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Albert Luschinsky

RESIDENCE

Chelara MichCOLOR
OR RACEwhite

AGE AT LAST

BIRTHDAY

29

(Years)

BIRTHPLACE

France

OCCUPATION

Automobile assemblerFULL
MAIDEN
NAME

MOTHER

Frances Kurl

RESIDENCE

Chelara MichCOLOR
OR RACEwhite

AGE AT LAST

BIRTHDAY

27

(Years)

BIRTHPLACE

Poland

OCCUPATION

at home

Number of child of this mother

Third

Number of children, of this mother, now living

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Dec 8, 1915, 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)

Andros Gulde

Dated

Dec 8 1915

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

Given or christian name added from a

supplemental report

19

Address

Chelara Mich

Filed

Dec 9, 1915G. M. Sitz

REGISTRAR.

REGISTRAR.

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,

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

RECORD OF BIRTH

Township of _____

or
Village of Chelseaor
City of _____

(No. _____ St.; _____ Ward)

Registered No. 27FULL NAME
OF CHILDGillmore{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?yesDate of
BirthDec161915

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Lester C. GillmoreFULL
MAIDEN
NAME

MOTHER

Rose Lewis

RESIDENCE

Chelsea Mich

RESIDENCE

Chelsea MichCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY28

(Years)

COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY24

(Years)

BIRTHPLACE

Livingston Co Mich

BIRTHPLACE

Milford Mich

OCCUPATION

Laborer

OCCUPATION

House wifeNumber 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 Dec 16, 1915, at 12 M. 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. W. Palmer M.D.Dated Dec 17, 1915

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

Given or christian name added from a

supplemental report _____ 19 _____

Address Chelsea MichFiled Dec 19, 1915G. M. Sitz

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Wackar

RECORD OF BIRTH

Township of _____

or
Village of Chelaraor
City of _____

(No. _____ St.; _____ Ward)

Registered No. 28FULL NAME
OF CHILDDancer{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?yesDate of
BirthDec, 17, 1915
(Month) (Day) (Year)FULL
NAME

FATHER

Edmund H. Dancer

RESIDENCE

Chelara MichCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

Lima Tp. Mich

OCCUPATION

FarmerFULL
MAIDEN
NAME

MOTHER

Eva L. Nutton

RESIDENCE

Chelara MichCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Francesco Mich

OCCUPATION

House wifeNumber of child of this mother FourthNumber 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 Dec 17, 1915, at 2 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)

G. W. PalmerDated Dec 17 1915

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

Given or christian name added from a

supplemental report _____ 19____

Address

Chelara MichFiled Dec 19 1915G. M. Seitz

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

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		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>	
City of _____ (No. _____, _____ St.; _____ Ward)			
FULL NAME OF CHILD <u>Luchony Moss</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>Dec 31</u> , 19 <u>15</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>Edward H. Moss</u>		FULL MAIDEN NAME <u>Ellen M. Wade</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>31</u> (Years)
BIRTHPLACE <u>Newport Ohio</u>		BIRTHPLACE <u>Lima Twp. Mich</u>	
OCCUPATION <u>Machinist</u>		OCCUPATION <u>housewife</u>	
Number of child of this mother <u>second</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 31, 1915, 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) G. W. Palmer M.D.
Dated Jan 3 1916 Chelsea Mich
(Attending physician, midwife, father, etc.)*

Given or christian name added from a supplemental report _____ 19____

Address _____

Filed Jan 3 1915 G. M. Seitz
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 Chelsea

or _____

City of _____

(No. _____, _____ St.; _____ Ward)

FULL NAME
OF CHILDWallington(If child is not yet named, make
supplemental report, as directed.)Sex of
childMaleTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate? yesDate of
BirthJan31916

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Walter L. Wallington

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY36

(Years)

BIRTHPLACE

Ohio

OCCUPATION

Supt of Schools

Number of child of this mother

4thFULL
MAIDEN
NAME

MOTHER

Martha W McNaughton

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY36

(Years)

BIRTHPLACE

Canada

OCCUPATION

Housewife

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Jan 3, 1916, 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)

G. W. Palmer

Dated

Jan 3, 1916

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

Address

Chelsea Mich

Filed

Jan 3, 1916G. M. Sutz

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

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, in order of birth, stated.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of _____

or

Village of C. Kilsara

or

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

Registered No. 2FULL NAME
OF CHILDHowe{ 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>January 23</u> , 19 <u>16</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Thomas H. Howe</u>			FULL MAIDEN NAME <u>Alice T. M. McQuinn</u>	
RESIDENCE <u>C. Kilsara Mich</u>			RESIDENCE <u>C. Kilsara</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	
BIRTHPLACE <u>Waterloo Mich</u>		BIRTHPLACE <u>Dexter Tp. Mich</u>		
OCCUPATION <u>laborer</u>		OCCUPATION <u>housewife</u>		
Number of child of this mother <u>8</u>			Number of children, of this mother, now living <u>eight</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Jan 23, 1916, at 4 P. M.

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

(Signature) G. W. PalmerDated Jan 27, 1916

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

Given or christian name added from a

supplemental report _____ 19____

Address C. Kilsara MichiganFiled Jan 27, 1916G. M. Fritz

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 Chelsea

or

City of _____

(No. _____)

St.; _____

Ward) _____

Registered No. 3FULL NAME
OF CHILDEppeler{ If child is not yet named, make
supplemental report, as directed.Sex of
childFemaleTwin,
triplet,
or other?

}

and

Number
in order
of birthLegiti-
mate?yesDate of
BirthJanuary 24, 1916
(Month) (Day) (Year)FULL
NAME

FATHER

Adam Eppeler

RESIDENCE

Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY47
(Years)

BIRTHPLACE

Germany

OCCUPATION

ButcherFULL
MAIDEN
NAME

MOTHER

Friedrich Schuder

RESIDENCE

Chelsea MichCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY41
(Years)

BIRTHPLACE

Germany

OCCUPATION

Housewife

Number of child of this mother

fifth

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 Jan 24, 1916, at 7 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)

G. W. T. Palmer

Dated

Jan 27, 1916

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

Address

Chelsea Mich

Filed

Jan 27, 1916G. M. Sitz

REGISTRAR.

REGISTRAR.

in order of birth, stated.

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

MARGIN RESERVED FOR BINDING.

* 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>4</u>	
or City of _____ (No. _____, St.; _____ Ward)			
FULL NAME OF CHILD <u>Roy Otis Kautschner</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Male</u>	Twins, triplets, or other? _____ } and { Number in order of birth _____	Legitimate? _____	Date of Birth <u>Feb 4</u> , 19 <u>16</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>John Kautschner</u>		FULL MAIDEN NAME <u>Malinda Frickart</u>	
RESIDENCE <u>Chelsea m.</u>		RESIDENCE <u>Chelsea m.</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Chelsea</u>		BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>Carpenter</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 Feb 4, 1916, 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 PalmerDated Feb 5 1916

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

Given or christian name added from a supplemental report _____ 19____

Address Chelsea MichFiled Feb 7 1916

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

County of

Washtenaw

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Township of

Village of

Chelsea

Registered No.

J

City of

(No.

St.;

Ward)

FULL NAME
OF CHILD

Gerald Foster Brussel

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

Sex of
child

Female

Twin,
triplet,
or other?

Single

Number
in order
of birthLegiti-
mate?

yes

Date of
Birth

Feb

19

1916

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Edward Brussel

RESIDENCE

Chelsea

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY

43

(Years)

BIRTHPLACE

Michigan

OCCUPATION

Watchman

FULL
MAIDEN
NAME

MOTHER

Cara Foster

RESIDENCE

Chelsea

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY

36

(Years)

BIRTHPLACE

Michigan

OCCUPATION

Housewife

Number of child of this mother

3

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 Feb 19, 1916, 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)

L. G. Bush

Dated

Feb 22, 1916

Physician

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

Address

Chelsea

Filed

Feb 22, 1916

G. M. Fritz

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

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

Department of State--Division of Vital Statistics

County of

Washtenaw

RECORD OF BIRTH

Township of

or

Village of

Chelsea

or

City of

(No.

St.;

Ward)

Registered No.

6

FULL NAME
OF CHILD

Margaret Martha Glass

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

Feb

27

1916

(Month)

(Day)

(Year)

FULL
NAME

FATHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Joseph Glass

Chelsea

white

AGE AT LAST
BIRTHDAY36
(Years)

Austria Hungary

Painter

FULL
MAIDEN
NAME

MOTHER

RESIDENCE

COLOR
OR RACE

BIRTHPLACE

OCCUPATION

Clara Mayer

Chelsea

white

AGE AT LAST
BIRTHDAY32
(Years)

Austria Hungary

none

Number of child of this mother

Fifth

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Feb 27, 1916, at 6.30 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)

J. T. Woods M.D.

Dated

March 2, 1916

(Attending physician, midwife, father, etc.)

Given or christian name added from a

supplemental report

19

Address

Chelsea

Filed

March 2, 1916

G. M. Sutz

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

County of Washtenaw

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Township of _____

or
Village of Chelseaor
City of _____

(No. _____ St.; _____ Ward)

Registered No. 7FULL NAME
OF CHILDJoseph Ambrose Dwyer(If child is not yet named, make
supplemental report, as directed.)Sex of
childMaleTwin,
triplet,
or other?No

and {

Number
in order
of birth

{

Legiti-
mate?yesDate of
BirthMarch5-1916

(Month) (Day) (Year)

FULL
NAME

FATHER

Joseph C. Dwyer

RESIDENCE

Chelsea MichCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY31

(Years)

BIRTHPLACE

Marion Mich

OCCUPATION

MachinistFULL
MAIDEN
NAME

MOTHER

Myrtle C. Harper

RESIDENCE

Chelsea MichCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY27

(Years)

BIRTHPLACE

Sylvan Tp. Washt. Co. Mich.

OCCUPATION

at homeNumber 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 March 5, 1916, at 2:30 AM.* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. See in-
structions on back.

(Signature)

Andros Gulde

Dated

Mar. 6 1916

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

Given or christian name added from a

supplemental report _____ 19 _____

Address

Chelsea Mich

Filed

19 _____

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>Chelsea</u>		Registered No. <u>8</u>	
City of _____ (No. _____, St.; _____ Ward)			
FULL NAME OF CHILD <u>M. Miller</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>March 8, 1946</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Loyel M. Miller</u>		FULL MAIDEN NAME MOTHER <u>Carolyn Becker</u>	
RESIDENCE <u>Chelsea Mich</u>		RESIDENCE <u>Chelsea</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Danville Mich</u>		BIRTHPLACE <u>Dexter Mich</u>	
OCCUPATION <u>Machinist</u>		OCCUPATION <u>house wife</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 Mar 8, 1946, at 7:30 P. M.

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

(Signature) Geo W. Palmer

Dated Mar 10 1946

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

Given or christian name added from a supplemental report _____ 19____

Address Chelsea Mich

Filed _____, 19____

REGISTRAR.

REGISTRAR.

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 CHILDEthel Coy. BrunsonRegistered No. 9{ If child is not yet named, make
supplemental report, as directed.Sex of
childTwin,
triplet,
or otherNumber
in order
of birthLegiti-
mate?Date of
Birth

(Month)

(Day)

1916
(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 Mar 21, 1916, at 5:45 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

Mar 21 1916

Given or christian name added from a

supplemental report _____ 19 _____

Address

Filed

Mar 28, 1916

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

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 <u>Libra</u>		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>10</u>	
City of _____ (No. _____, St.; _____ Ward)			
FULL NAME OF CHILD <u>Gerald B. Marsh</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? _____	Date of Birth <u>Mar 23rd</u> , 19 <u>16</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Peter F. Marsh</u>		MOTHER FULL MAIDEN NAME <u>Chlor B. Downs</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>25</u> (Years)
BIRTHPLACE <u>Eden Town, Oscoda Co.</u>		BIRTHPLACE <u>Lake Odessa, Ingham Co.</u>	
OCCUPATION <u>Electrician</u>		OCCUPATION <u>Housekeeper</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 Mar 23, 1916, at 7:30 AM.

(* 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 Mar 25 1916

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

Given or christian name added from a supplemental report _____ 19____

Address Chelsea Mich.Filed Mar 28 1916

REGISTRAR.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WestlandTownship of SylvanVillage of Philia

City of _____

(No. _____)

St.; _____

Ward) _____

FULL NAME
OF CHILDEdward LangRegistered No. 11{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?Number
in order
of birthLegiti-
mate?Date of
BirthMar, 16, 1916
(Month) (Day) (Year)FULL
NAME

FATHER

Wm. LangFULL
MAIDEN
NAME

MOTHER

Elizabeth Hammel

RESIDENCE

986 Dubois St Detroit Mich

RESIDENCE

Philia MichCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY28
(Years)COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

Detroit Mich

BIRTHPLACE

Detroit

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother

4th

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 Mar 28, 1916, at 7 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)

J. W. LangDated 251916

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

Physician

Given or christian name added from a

supplemental report _____ 19 _____

Address

Philia Mich

Filed

19 _____

REGISTRAR.

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 22-12-13-2-000

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.

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

Washington

RECORD OF BIRTH

Township of

or

Village of

or

City of

(No.

St.;

Ward)

Registered No.

12

FULL NAME
OF CHILD

Frederick John Kantlehner

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

Sex of
child

male

Twin,
triplet,
or other?and
Number
in order
of birthLegiti-
mate?Date of
BirthApril, 5, 196
(Month) (Day) (Year)FULL
NAME

FATHER

Karl F. Kantlehner

RESIDENCE

FULL
MAIDEN
NAME

MOTHER

Glossie D. E. Butler

RESIDENCE

Shelba Mich

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY20
(Years)COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Coral City Ohio

BIRTHPLACE

Michigan

OCCUPATION

Jewelry

OCCUPATION

Book Keeper

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 4/6, 196, at 5:17 P.M.

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

(Signature)

Glossie D. E. Butler

Dated 4/6 196

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

Given or christian name added from a

supplemental report

19

Address

Shelba Mich

Filed 4/6 196

J. R. Daniel

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 Chelsea

or _____

City of _____

(No. _____)

St.; _____

Ward) _____

Registered No. 13FULL NAME
OF CHILDMary Buranski{ If child is not yet named, make
supplemental report, as directed.Sex of
childFemaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?YesDate of
BirthApr 14141916FULL
NAME

FATHER

Michael Buranski

RESIDENCE

FULL
MAIDEN
NAME

MOTHER

Kattie Kromk

RESIDENCE

Chelsea MichCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY23

(Years)

COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY20

(Years)

BIRTHPLACE

Austria Poland

BIRTHPLACE

Austria Poland

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother

First

Number of children, of this mother, now living

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on 4/14, 1916, 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)

George W. Palmer M.D.

Dated

4/14 1916

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

Given or christian name added from a

supplemental report _____ 19____

Address

Chelsea Mich

Filed

Apr 17, 1916McDaniels

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

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.

FULL NAME
OF CHILD

Virginia Friedricka Van Riper

(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

Apr

13

19

16

(Month)

(Day)

(Year)

FULL
NAME

FATHER

William Van Riper

FULL
MAIDEN
NAME

MOTHER

Amelia Kleugler

RESIDENCE

Chelsea

RESIDENCE

Chelsea Mich

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY49
(Years)COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY39
(Years)

BIRTHPLACE

Mich

BIRTHPLACE

Mich

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother

2

Number of children, of this mother, now living

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Apr 13, 1916 at 4 P. M.

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

(Signature)

W. R. Daniels

Dated 4/18 1916

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

Given or christian name added from a

supplemental report 19

Address

Chelsea

Filed Apr 21, 1916

W. R. Daniels

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

or _____

City of _____

(No. _____)

St.; _____

Ward) _____

FULL NAME
OF CHILDRose Rosenthal{ If child is not yet named, make
supplemental report, as directed.Sex of
childFemaleTwin,
triplet,
or other?single

and {

Number
in order
of birthLegiti-
mate?yesDate of
BirthApr 191916FULL
NAME

FATHER

Hyman Rosenthal

RESIDENCE

ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY4
(Years)

BIRTHPLACE

Germany

OCCUPATION

MusicalFULL
MAIDEN
NAME

MOTHER

Nora Sobelsky

RESIDENCE

ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY37
(Years)

BIRTHPLACE

Germany

OCCUPATION

Housewife

Number of child of this mother

5

Number of children, of this mother, now living

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 19, 1916, 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. G. Bishop

Dated

Apr. 21, 1916

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

Given or christian name added from a

supplemental report

19

Address

Chelsea

Filed

Apr. 28, 1916

REGISTRAR.

REGISTRAR.

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

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.

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

RECORD OF BIRTH

Township of SylvanRegistered No. 16or Village of Chelsea

City of _____

(No. _____)

St.; _____

Ward) _____

FULL NAME
OF CHILDWilliam Maxwell Battle

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

Sex of
childMale.Twin,
triplet,
or other?and (Number
in order
of birth)firstLegiti-
male?yesDate of
BirthMay 8, 1916

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Frank BattleFULL
MAIDEN
NAME

MOTHER

Kathleen Corner

RESIDENCE

Chelsea

RESIDENCE

ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY25
(Years)COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Mich

BIRTHPLACE

Mich

OCCUPATION

Shopworker

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 May 8, 1916, at 7:15 M.

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

(Signature)

Geo. W. Palmer M.D.Dated 5/8 1916

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

Given or christian name added from a

supplemental report

19

Address

Chelsea, Mich.Filed May 9, 1916W.R. Daniel

REGISTRAR.

REGISTRAR.

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

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.

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

PLACE OF BIRTH
County of Washington
Township of Sylvan
or
Village of Chelsea
or
City of _____ (No. _____, _____ St.; _____ Ward)

Registered No. 17

FULL NAME OF CHILD Nora Alberta Scribner (If child is not yet named, make supplemental report, as directed.)

Sex of child Female Twin, triplet, or other? _____ and _____ (Number in order of birth) Legitimate? _____ Date of Birth May 9, 1916
(Month) (Day) (Year)

FATHER
FULL NAME Wm. Scribner
RESIDENCE _____

MOTHER
FULL MAIDEN NAME Lula Eldridge
RESIDENCE Chelsea

COLOR OR RACE white AGE AT LAST BIRTHDAY 48 (Years)

COLOR OR RACE white AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE New York
OCCUPATION Railroad

BIRTHPLACE New York
OCCUPATION Housewife

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 alive, 1916, at 7:30 M.

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

(Signature) J. F. Woods

Dated May 9, 1916 physician

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

Given or christian name added from a supplemental report _____ 19____

Address Chelsea

Filed May 11, 1916 W. R. Damm

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

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washtenaw

Township of

Sylvan

or

Village of

Chelsea Mich

or

City of

(No.

St.;

Ward)

FULL NAME
OF CHILD

Gould

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

Sex of
child

male

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

yes

Date of
Birth

May

7

1916

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Andrew Gould

RESIDENCE

Chelsea Mich

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY42
(Years)

BIRTHPLACE

Chelsea

OCCUPATION

Practicing medicine

FULL
MAIDEN
NAME

MOTHER

Eunice M. Jackson

RESIDENCE

Chelsea Mich

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

Across Ontario

OCCUPATION

Housewife

Number of child of this mother

Third

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 7, 1916, at 5:55 P.M.

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

(Signature)

Andrew Gould

Dated

May 1916

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

Given or christian name added from a

supplemental report

19

Address

Chelsea Mich

Filed

May 12, 1916

W. B. Dancick

REGISTRAR.

REGISTRAR.

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

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.

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

PLACE OF BIRTH
County of Washtenaw

RECORD OF BIRTH

Township of _____
or _____
Village of Chelsea
or _____
City of _____ (No. _____, _____ St.; _____ Ward)

Registered No. 19

FULL NAME
OF CHILD

Joris Marie Conk

(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? Yes Date of Birth May 7, 1916
(Month) (Day) (Year)

FATHER
FULL NAME Harold Conk

RESIDENCE Chelsea

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

BIRTHPLACE Chelsea

OCCUPATION Laborer

Number of child of this mother 3

MOTHER
FULL MAIDEN NAME Mabel Gallup

RESIDENCE Chelsea

COLOR OR RACE white AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Mich

OCCUPATION Housewife

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 May 7, 1916, at 7:00 M.

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

(Signature) [Signature]

Dated May 7, 1916 Chelsea

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

Given or christian name added from a supplemental report 19

Address _____

Filed May 12, 1916 [Signature]

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

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____, St.; _____ Ward)

Registered No. _____

FULL NAME
OF CHILDAmos Bentler

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

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

Legiti-
mate?yesDate of
BirthMay 71916

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Edwin BentlerFULL
MAIDEN
NAME

MOTHER

Mary Curtis

RESIDENCE

Chelsea

RESIDENCE

ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY39

(Years)

COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY37

(Years)

BIRTHPLACE

Mich

BIRTHPLACE

Mich

OCCUPATION

Labourer

OCCUPATION

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 May 7, 1916, at 1584 M.

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

(Signature) _____

Dated May 11, 1916

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

Given or christian name added from a

supplemental report _____ 19 _____

Address _____

Filed May 12, 1916

REGISTRAR.

REGISTRAR.

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

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.

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

PLACE OF BIRTH
County of Washington

Township of _____
or _____

Village of Chelsea
or _____

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

Registered No. 91

FULL NAME OF CHILD Christopher (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 May 13 1916
(Month) (Day) (Year)

FATHER
FULL NAME Miles J. Alexander
RESIDENCE Chelsea

COLOR OR RACE White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Ann Arbor

OCCUPATION Section D. U. R.

MOTHER
FULL MAIDEN NAME Paul McDunack
RESIDENCE Chelsea

COLOR OR RACE White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Northville Mich

OCCUPATION Housewife

Number of child of this mother Birth 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 13, 1916, at 12:10 M.

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

(Signature) Andrew E. Galle

Dated May 16, 1916

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

Given or christian name added from a supplemental report _____ 19____

Address Chelsea

Filed May 17, 1916 W R Daniels

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of _____

Registered No. 22or
Village of Chelsea

City of _____

(No. _____, St.; _____ Ward)

FULL NAME
OF CHILD(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>May</u> , <u>19</u> , <u>1916</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Frederick Custer</u>			FULL MAIDEN NAME <u>Theresa Gritzer</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>27</u> (Years)
BIRTHPLACE <u>Sylvan Township</u>			BIRTHPLACE <u>Jackson</u>	
OCCUPATION <u>Upholster</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother <u>fifth</u>			Number of children, of this mother, now living <u>five</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on 5/19, 1916, at 11 58 M.

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

(Signature) _____

Dated 5/20 1916

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

Given or christian name added from a

supplemental report _____ 19____

Address Chelsea MichFiled May 23, 1916

REGISTRAR.

REGISTRAR.

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

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

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

Township of _____ Registered No. 23
 or _____
 Village of Chelsea
 or _____
 City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Charles Choppy { 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? _____ Date of Birth May 25, 1916
 (Month) (Day) (Year)

FULL NAME FATHER John Choppy FULL MAIDEN NAME MOTHER Anna Hale
 RESIDENCE Chelsea RESIDENCE Chelsea

COLOR OR RACE White AGE AT LAST BIRTHDAY 23 (Years) COLOR OR RACE _____ AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Austria Hungary BIRTHPLACE Austria Hungary
 OCCUPATION Laborer OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child, and that it occurred on May 25, 1916, at 647 M.

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

(Signature) George W. Palmer, M.D.Dated May 29, 1916

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

Given or christian name added from a supplemental report _____ 19____

Address Chelsea MichFiled May 29, 1916W. R. Daniels

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.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washington

RECORD OF BIRTH

Township of

or

Village of

Chelsea

or

City of

(No.

St.;

Ward)

Registered No.

24

FULL NAME
OF CHILD

Glen

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

Sex of
child

Female

Twin,
triplet,
or other?

One

(Number
in order
of birthLegiti-
mate?

Yes

Date of
Birth

June

(Month)

4

(Day)

1916

(Year)

FULL
NAME

FATHER

Casper W. Glenn

RESIDENCE

Chelsea Mich.

COLOR
OR RACE

white

AGE AT LAST

BIRTHDAY

25
(Years)

BIRTHPLACE

Unadilla Mich.

OCCUPATION

machinist

FULL
MAIDEN
NAME

MOTHER

Ethel Wright

RESIDENCE

Chelsea Mich.

COLOR
OR RACE

white

AGE AT LAST

BIRTHDAY

23
(Years)

BIRTHPLACE

Dexter Township

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 6/4, 1916, at 593 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

Date

June 4, 1916

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

Given or christian name added from a

supplemental report

19

Address

Chelsea Mich.

Filed

June 5, 1916

W. R. Daniel

REGISTRAR.

REGISTRAR.

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

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.

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

PLACE OF BIRTH
County of Nash
Township of _____
or
Village of Chelsea
or
City of _____ (No. _____, St.; _____ Ward)

Registered No. 25

FULL NAME
OF CHILD

Stinson

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

Sex of
child

male

Twin,
triplet,
or other?

and (Number
in order
of birth)

Legiti-
mate?

yes

Date of
Birth

June 8, 1916
(Month) (Day) (Year)

FULL
NAME

FATHER

Geo A Stinson

RESIDENCE

Chelsea

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY

51
(Years)

BIRTHPLACE

Elmore Ches

OCCUPATION

Bookkeeper

FULL
MAIDEN
NAME

MOTHER

Bessie K Kenyon

RESIDENCE

Chelsea Mich

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY

36
(Years)

BIRTHPLACE

Silsdale

OCCUPATION

Number of child of this mother

3rd

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 6/8, 1916 at 9 PM.

*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 6/8 1916

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

Given or christian name added from a
supplemental report _____ 19____

Address

ChelseaFiled June 12, 1916W R Darnell

REGISTRAR.

REGISTRAR.