1914

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

REGISTER OF BIRTHS

PUBLIC ACT NO. 330 OF 1905

(Township or Village.)

County of

1913, to fully

82, 191

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.

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.

PLACE OF BURTH HOIM TO STATE OF DENS	STATE OF MICHIGAN artment of StateDivision of Vital Statistics
County of Cashlenau 40 090339	RECORD OF BIRTH
Township of Sylvan	Registered No. 26
Village of O	10 43 miles
City of (N6) // ,	St; Ward)
FULL NAME Joseph James	Surphy [If child is not yet named, make supplemental report as directed.
Sex of Hale Triplet, or other? No and in order of birth	Legilimate? (Birth Quark 24, 19.23 (Year)
PULL Thomas Harbley	
RESIDENCE Chilera Mich	RESIDENCE Chelseg Mich!
OR RACE White A BIRTHDAY (Years)	OR RACE White Age AT LAST 134
BIRTHPLACE Juland	Deiter Two Wash to Mich
Section laborer HERP.	occupation at home
Number of child of this mother Sightly	Number of children, of this mother, now living.
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child	, and that it occurred on the median
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	Gudios Gulde mi
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
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supplemental report	26th 19/3 & Marineye
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MARGIN RESERVED FOR BINDING.

	f. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each,
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STATE OF MICHIGHTHIE TO EDALE	STATE OF MICHIGAN TO LOAD AND AND AND AND AND AND AND AND AND A
County of Washiership and agonas	RECORD OF BIRTH
Township of Oppland	Registered No. 28
Village of ONO	St.; Ward)
FULL NAME has Lester land	{ If child is not yet named, make supplemental report, as directed.
Sex of Make Trinet, or other? Leade and { Number in order of birth	Legitimate? 461. Date of Och, 2 mg/3 (Year) (Month) (Day) (Year)
FULL NAME HOWARD CAN LELD	MATTHER Sulson.
RESIDENCE	RESIDENCE Houles as Assert
COLOR OR RACE THE STRING (Years)	COLOR OR RACE Shitten BIRTHDAY (Years)
BIRTHPLACE Sundon Mich	BIRTHPLACE Jackson Mich
OCCUPATION Salesman	occupation Homeway
Number of child of this mother	Number of children, of this mother, now living.
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child	, and that it occurred on 19/3, at M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	1/ 19/13 A Physician
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address	13th 10/3 St. Harney
REGISTRAR.	REGISTRAR.

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birth,

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Form 920-12-12-2.000

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.

County of Nashtenana Dep	STATE OF MICHIGAN TO TO ADAIN STATE OF MICHIGAN TO
County of Arthur 30 GROSSE	RECORD OF BIRTH
Township of Sylvan)	- Library -
or Off	Delta Del Santo
Village of Chalsey	Registered No.
or /	100 Surrey
City of (No.	St.; Ward)
OF CHILD Jawrence Shar	Treeman [If child is not yet named, make supplemental report, as directed.
Sex of child Male Twin, triplet, or other? Aungle and Sumber in order of birth	
Ralph Freeman.	FULL MOTHER
RESIDENCE Chilsea	RESIDENCE Abulsea
OR RACE White AGE AT LAST 39 BIRTHDAY (Pears)	OR RACE Thite AGE AT LAST 3 % BIRTHDAY (Years)
BIRTHPLACE Michigan	BIRTHPLACE Michigan
OCCUPATION Merchant	Occupation Housewife Management
Number of child of this mother 3	Number of children, of this mother, now living
CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child	d, and that it occurred on Jef , 193, 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.	1913 Physician
Given or christian name added from a	Chulen (Attending physician, midwifer father, etc.*)
supplemental report 19 Address	6th 1013 M. Haroneye
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Township of Sylvan			
or Marine 100		Registered :	No. 3 Viol
Village of OFFECSE	1	772/77	Villagaof
City of (No.	//	St.;	War
OF CHILD Mahl Tutrelly	Sonto.	{ If child supplen	is not yet named, ma nental report, as direct
Sex of triplet, or other? Sungle and Number in order of birth	Legiti-	ete of Sec.	, // , 19/ (Day) , 19/
Harold Conk	MAIDEN	ab Hally	A SIMA
RESIDENCE MELSEA DO	RESIDENCE	Chilsea	р 3
OR RACE Thite A SIRTHDAY (Years)	COLOR OR RACE	AGE AT L BIRTHD	
BIRTHPLACE Thelsey Mich.	BIRTHPLACE	Legory M.	wh.
occupation Paborer MOTAGUES	OCCUPATION	Duseinfo	у нопъячиро
Number of child of this mother \mathcal{L}	Number of children, of th	is mother, new living	
CERTIFICATE OF ATTEND	ING PHYSICIAN C	R MIDWIFE*	h . //
I hereby certify that I attended the birth of above child	d, and the lit occurred	10145 /2 ,19	13, at 10 4,
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	SIDush u/6 19.3	Physice	When those was structions of the
Given or christian name added from a	19	Attending physician midwife,	father, etc.*) 110VIS
the state of the s	Inh	4128A /1 V/ //	

County of Mashtenaue	Department of StateDivision of Vital Statistics
Township of Lyhau	RECORD OF BIRTH
or over Nogo	Registered No.
Village of Amuseg	Villageof
City of No.	1 St.; Ward)
PULL NAME Suchell	Somb. { If child is not yet named, make supplemental report, as directed.
Sex of Jenuals Twin, triplet, or other?	Legitimate? 464 Date of aureary 1914 (Month) (Day) (Year)
Wallace Hombs.	HAILEN HALL Q. Jordin
RESIDENCE Chulsea.	RESIDENCE Sulseg
11114	COLOR OR RACE White SIRTHDAY (Years)
Penn. W.	BIRTHPLACE YEW Paris This
Laboury	occupation (Monte)
Number of child of this mother Second	Number of children, of this mother, now living Luvo
CERTIFICATE OF A	FTENDING PHYSICIAN OR MINWIFE*
I hereby certify that I attended the birth of abo	ove child, and that it open read on taury 1 1914 at 10 M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See in-	nature) Les M. Valmed MA
Date	h (Attending physician, midwife, father, etc.*)
Given or christian name added from a	Solone Mark 11
upplemental report19Add	1
Filed	Jany 13 1914 J.W. Hanney
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B.-In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each,

in order of birth, stated.

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STATE OF MICH HTHE TO BOALD	STATE OF MICHIGAN TO STATE
County of Massitenain Department	rtment of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Sylvay	Toward to Market
Village of Shilseg	Registered No.
City of No.	St.;Ward)
OF CHILD Jage Viss	{ If child is not yet named, make supplemental report, as directed.
Sex of triplet, triplet, or other? and Humber in order of birth	Legitimate? Les Birth File (Mogh) (Day) (Year)
FATHER SEASONS	MAIDEN MOTHER MOTHER
RESIDENCE Shalsea	RESIDENCE Philseal
OR RACE THE BIRTHDAY (Years)	OR RACE THILE BIRTHDAY (Yeges)
BIRTHPLACE	BIRTHPLACE Hair to Hich.
occupation Jaborer.	OCCUPATION HOMANUSSON
Number of child of this mother Lecond	Number of children, of this mother, now living two
CERTIFICATE OF ATTENDIT	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child	, and that it occurred on Jely 4 , 1944, at 100 M.
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature) Dated	(6 19 14 g
Given or christian name added from a	(Attending physician midwife lather, etc.*)
supplemental report 19 Address	of of Maroney.

County of Manuellan	W		-Division of Vital Statistics
Automy?	RECORD OF BU	RECOR	D OF BIRTH
Township of Junio)		West april 25
Village of Muse	4	1	Registered No.
City	000		100
City of	No.	*/	St;
FULL NAME	Hothrun	o Words	/
OF CHILD	Daviongri	f ago o ary	If child is not yet name supplemental report, as
Sex of A Twin,	Number	1 Jan 1	Date of Tell O
child Semale triplet, or other?	and in order of birth	Legiti- mate?	Birth Veny 20
FULL FATHER		FUEL	(Monthy) (Day)
NAME &	Milo	MAIDEN V	MOTHER
Leorge Lyo	ody	NAME	sing onlan
RESIDENCE	ma. 1	RESIDENCE	2 Joh . 1
Lyndon,	Much.	Tu	molow Much.
	AT LAST 37 NO.	COLOR	DO . AGE AT LAST
Mhite	(Years)	OR RACE	hite BIRTHDAY (Years
BIRTHPLACE DX	L D. HOLLING	BIRTHPLACE	i no.
Immis 10	Salitoni	9	Lundon Muc
OCCUPATION 7	COUPATION	OCCUPATION	000
James		A September	Housekeeper.
Number of child of this mother	2nd		0
womber of child of this mother.	mber of cheeren of rada	Number of children, of	this mother, now living
CERTIFIC	CATE OF ATTENT	DING PHYSICIAN	OR MIDWING
The state of the s		/////	7/0
I hereby certify that I attended th	he birth of above chi	ild, and that at occurre	on TEMILO 19/4 at 60
*When there was no attending phys or midwife, then the father, househo	ician (Cianatana)	A.M. Ach	ereby certify that a man a more
etc., should make this return. See	older, (Signature)	1	mum)
structions on back.	Dated	42/19/9	should make this return, see in-
Given or christian name added f	rom a	10/1	(Atlending physician, midwife, father, etc.*)
supplemental report	Address	Aprelsea	Michil "
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unty of asplenau 10 980338	RECORD OF BIRTH
wnship of yhryw	Registered No.
lage of fine seg	Registered No.
y of (No.	St.; Ward)
W M	BILL NAME
CHILD ang . Of Shirt.	[If child is not yet named, make supplemental report, as directed.
Twin, triplet, or other?	Legiti- mate? (Month) Date of Felip (Month) (Day) (Year)
-ATTEN	FULL MOTHER
	MAIDEN NAME
DENCE IN A SOLID	RESIDENCE AND ADVISORED ADVISORED AND ADVISORED ADVISORED AND ADVISORED AND ADVISORED ADVISO
Chilsen Mich . 1	Shilsen Mich pa
RACE AT LAST BIRTHDAY (Years)	COLOR OR RACE SIRTHDAY (Years)
THPLACE Of	BIRTHPLACE OIL M.
Tundow Shorp Hich	Imy Swo Much.
EUPANON Billian Room	occupation (Jane)
Transferred David	two
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTEN	IDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of above c	hild and that it occurred on the Mast, 1914, at 20 M.
	G. W. P. American All
When there was no attending physician midwife, then the father, householder, c., should make this return. See in-	6/19/11/
Dated	(Attending physician, midwife, father, etc.*)
Eiven or christian name added from a	Valore Michel
plemental report Mau, IV 19 / H Address	and the state of t

MARGIN RESERVED FOR BINDING.

N. B.-In case of more than one ohild at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. WRITE PLAINLY, WITH UNFADING INK ... THIS IS A PERMANENT RECORD.

STATE OF MICHIGHTSIS TO STATE	STATE OF MICHIGAN TO HOALT
County of Mashterrasi Dep	RECORD OF BIRTH
Township of Sun and	Towns
Village of Village of	Registered No.
or /	
City of (No	St.; Ward)
OF CHILD Harion Jasoling	Hause A { If child is not yet named, make supplemental report, as directed
Sex of triplet, or other?	Date of Birth (Month) (Day) (Year
FULL PATHER NAME SULL SOLL	MAIDEN MOTHER
RESIDENCE PROBLEM	RESIDENCE AND STALL STAL
OR RACE Thit BIRTHDAY (Years)	OR RACE MILE (Years)
BIRTHPLACE ANDSIA	Greedom, Mich.
occupation Steel Ball Grinder	OCCUPATION . MOTIVE , MOTIVATUO DO
Number of child of this mother	Number of children, of this mother, now living Huss
CERTIFICATE OF ATTENDE	ING PHYSICIAN OF MIDWIFE*
I hereby certify that I attended the birth of above child	d, and that it occurred on farmy at 2, 194, at 2 M
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	B19/4 Physician
Given or christian name added from a	(Attending physicism, midwife, father, etc.*)
supplemental report 19 Address Filed Len	and roll Self Harriney
PARTER PROJETRAR	REGISTRAR.

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than one child at a birth

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	M. BIn case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number
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County of Dashlinan	STATE OF MICHIGAN TO HOAD ATT ATTEMPT OF State—Division of Vital Statistics
Township of Selsan or Village of Chelle Ea	Registered No.
or	10
City of (No,	St.; Ward
of CHILD to Mapier al	Claude { If child is not yet named, make supplemental report, as directed.
Sex of Male Twin, triplet, or other? and { Number in order of birth	
PULL PATHER alchander	
RESIDENCE RELISER Mich	Chelica 3500 HOLES
OR RACE White BIRTHDAY. (Years)	OR RACE White BIRTHDAY 24 (Years)
BIRTHPLACE Chelsea Mich	BIRTHPLACE DE link Mich
occupation Laborer MOTAMUSO	OCCUPATION MOTE MOTERATUSES
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDE	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child	d, and that it occurred on March 29914, at 7, Aum
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	La W Palman
Given or christian name added from a	(Attending physician, prowife, father, etc.+)
supplemental report 19 Address	uncusia ((non ()
Filed Ma	uch 1914 Vi Lanca
REGISTRAR.	HEGISTRAN.

PLACE OF BIRTH HOIM TO H	TATE STATE OF MICHIGAN TO WOALS
County of Wash Cenaw	RECORD OF BIRTH
Township of Sylva or Village of Chelse	Registered No. 43
City of (No. FULL NAME Evelyn Frans	St.; Ward) St.; Ward) St. (44 Scridling C (If child is not yet named, make
Sex of child Emale or other? } and {Number in order of birth	Legitimate? 4ES Date of March 16 (Day) (Year)
FATHER Scriffin	C FULL MAIDEN NAME LA Coldrige
RESIDENCE Chelo Ea	RESIDENCE Chelosa
OR RACE White BIRTHDAY 4	(Years) COLOR OR RACE Whits BIRTHDAY 24 (Years)
BIRTHPLACE NEW YORK	BIRTHPLACE NEW YMY
occupation Laborer	OCCUPATION NOTAGUOGO
Number of child of this mother BECOLD	Number of children, of this mother, now living DEC
The same of the sa	ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of al	Jove Child, and that the Course of the Cours
etc., should make this return. See in-	gnature) (1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report15	dress 2/23 - 1/2 2/.
File	d , 19,4 , 19,4 , PEGISTRAN

N. B.—In case of more 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 MICH HTRIB TO STATE	STATE OF MICHIGAN 30 30 414 artment of StateDivision of Vital Statistics
County of Wash Linau	RECORD OF BIRTH
Township of Dyloan	A CONTRACT
Village of Chelsia	Registered No.
or City of (No	St; Ward
OF CHILD Walter Clarence	Mayor [If child is not yet named, make supplemental report, as directed.
Sex of Male Twin, triplet, or other? 78 and {Number in order of birth	Legifimate? YES Date of Smarch 24, 19/4. (Month) (Day) (Year)
NAME GO JOHN Mayer	MAIDEN
ERchea Much	Chelosa Mich
OR RACE White AGE AT LAST BIRTHDAY (Years)	OR RACE Whole BIRTHDAY & GYEARS)
Freadom Ff. Wast les	Sima Sp wish Co
OCCUPATION Carfonton	at home
Number of child of this mother. JEE	Number of children, of this mother, now living 755
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child	and that it occurred on March 24 19/4 at/2054
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	andres Kulde M. D.
Given or christian name added from a	Chara Mac To
supplemental report 19 Address	21 1 20
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in order of birth, stated.

County of Wesh trans	STATE OF MICHIGAN TO TO A DEPARTMENT OF StateDivision of Vital Statistics
Township of Plan	REGORD OF BIRTH
Village of Chillet a	Registered No.
City of (No.	W) Winds of
OF CHILD Wil Kenjon	St.; Ward
Sex of Male Twin, triplet, or other? Durish and in order of birth	Legili- male? USS Birth March 19 10 (14)
Sto a. Shingson	FULL (Month) (Day) (Year) MAIDEN MOTHER NAME SCSSIC (Can use
Chelie G	RESIDENCE
OR RACE White BIRTHDAY #8	OR RACE (1) C. F. BIRTHDAY 33
Michigan Michigan	BIRTHPLACE (Years)
accorbitant-	OCCUPATION HOUSE SOUTHARDS
Number of child of this mother &	Number of children, of this mother, now living
CERTIFICATE OF ATTENI	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above chi	
or midwife, then the father, householder, etc., should make this return. See instructions on back	1 11 0
Given or christian name added from a	Attending physician, midwife, father, etc.*)
supplemental report 19 Address	Chelsea
REGISTRAR. Filed 3	28 ,1914 Da Janca

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

County of Washignan	epartment of StateDivision of Vital Statistics
Township of Sylvan Village of Chelsea	Registered No.
FULL NAME dna (No.	St.; War War St.; War
Sex of / Twin, (Number	Legiti- mate? YES Date of Ghi 7 (Day) 194
NAME () MAG	FULL MOTHER MOTHER NAME Unia 60 learlenta
RESIDENCE Chelsea	RESIDENCE Chelsea
OR RACE White AGE AT LAST BIRTHDAY (Years)	
Filte If mich	BIRTHPLACE Chelsea
occupation machinist-	OCCUPATION HOUSE
Number of child of this mother.	Number of children, of this mother, now living $SLEE$
20 4 11 1 10	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above ch	
or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature	of 8 1914 Min Dy
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19_ Address	in of 10
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THIS	SEPARATE RETURN mu in order of birth, stated.	S C C C C C C C C C C C C C C C C C C C
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	one of	20
WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD.	N. BIn case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth, stated.	{
	B.—In oa	s
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ATE OF MICHIGHT TO BOALD	STATE OF MICHIGAN Department of State-Division of Vital Statistics
County of Wahlenan 30 080038	RECORD OF BIRTH
Township of	to de the
Village of Chalsen	Registered No.
or	togelly
City of (No.	st;war
FULL NAME OF CHILD	(If child is not yet named, ma supplemental report, as direct
Sex of Arts. Twin, triplet, or other? and (Number in order of birth	Legiti- mate? AS Birth (Month) (Day) (Yes
Millin Basta	FULL MOTHER MAIDEN NAME ELL & BOERES
RESIDENCE CHELSEN	RESIDENCE Chelo Ea
OR RACE White BIRTHDAY. (Years)	OR RACE White BIRTHDAY (Years)
Hally Mic L	BIRTHPLACE Lauring Mich
occupation Sailer	OCCUPATION Louse wife MOTAGES
Number of child of this mother	Number of children, of this mother, now living 2
CERTIFICATE OF ATTE	NDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above c	child, and that it occurred on Sel 16, 19/4, at 69,
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	120 104 Sur hand mod W
Given or christian name added from a	(Attending physician, midwife, father, etc.)
supplemental report 19_ Address	5/30 21 12
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MEGISTRAR.	MARTEOSA REGISTRAR.

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Form 220—12-12-2,000 RESERVED FOR

BINDING.

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

in order of birth, stated.

for each, and the number

County of Wath English De	partment of StateDivision o RECORD OF BIRT	
Township of Office Passes	-	Registered No.
Village of Charles (No	- TF)	Village of
FULL NAME Shel Bun	mamol	St.; Ward
Sex of Male Twin, triplet, or other? No } and {Number in order of birth	Legiti- mate? Date of 7	19 2/ (Day) 19 X
PULL FATHER STUBER	MAIDEN NAME SESSICE.	States (Bar)
RESIDENCE Chelsea Mich	RESIDENCE OF ELA	Ea
OR RACE While BIRTHDAY (Years)	OR RACE White	AGE AT LAST July BIRTHD AY (Years)
In Exten. J. Was - Co	BIRTHPLACE CHE	lorg
Thy & Beas Thin	occupation Q65	one E
Number of child of this mother Thick	Number of children, of this mother, no	w living non-
CERTIFICATE OF ATTENDED I hereby certify that I attended the birth of above chi	oing Physician or Midw	6
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on heak	09	ulle my &

I hereby certify that I attended the birth	of above child, and that it occur	red on at at
When there was no attending physician or midwife, then the father, householder,	(Signature) andu	Houlde In S
etc., should make this return. See in- structions on back.	Dated 5/23 19 4	etc., should make this roturn. See in-
Given or christian name added from a		(Attending physician, midwife, father, etc.*)
supplemental report 19	Address	f g
a Miller The man	Filed 5/2.3 19/4	21. Co Janen
REGISTRAR.	/ 197	REGISTRAR.

PLACE	OF BIRTH	EO ETAT		OF MICHI		A.Ter
County of	Ous porque		epartment of Star	ORD OF BIRTH	Vital Statistics	
Township of	hals ru	яесонь о	REG.		Registered No	Town Tu
or	-A-ra cuonimina		2			Villageof
City of	\$ 19.	(No,	/	68)		Ward)
FULL NAME OF CHILD	Milson		Jung		{ If child is not supplemental	yet named, make report, as directed.
Sex of child	Twin, triplet, or other?	and { Number in order of birth	Legiti- mate?	Date of A	14/9, (1)ay) (Year)
FULL NAME Stan	FATHER Ofto	Samp.	FULL MAIDEN NAME ON	lin for	HER SE	es
RESIDENCE	helora	нание	RESIDENCE	10,	Pelsea	MENDENCE
COLOR OR RACE WI	nos age at		COLOR OR RACE	Ohite	AGE AT LAST BIRTHDAY	Z8 (Years)
BIRTHPLACE	Eline m	1/	BIRTHPLACE	Kawa	16-	BRANKER
OCCUPATION	nihning	1-	OCCUPATION	26 h	onz	VOITARUDDO
Number of chil	ld of this mother. Fou	r	Number of childr	en, of this mother, now	living	
	CERTIFICA	TE OF ATTEN	NDING PHYSICI	AN OR MIDWI	FE*	Sta
I hereby certi	ify that I attended the	HO MAIDIBYE	ATTENDENG PA	CHEICATE OF	119, 1944,	at 8 0 2 M.
or midwife, the	was no attending physiclen the father, household ake this return. See ack.	er, (Signatur	e) and	as Ho	ulds	Later Internal
Given or chri	istian name added fro		Land Bols		ysician, midwife, father,	
supplemental re	port19	Address .	1 100100	A 25 C	A domain dallahid	Mipplemental
	REGISTR	Filed	, 19	4 /5	y n	REGISTRAR.
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County of	noman	RECORD C	RECO	RD OF BIRTH		County of
-our mount		46	_			log wo'
Village of	Registered				Registered No	losasiii
or loss	116.	<u> </u>				30
City of Leave	(No,			St.;	War
OF CHILD	Emsth	alfiel	Gillo	rita	(If child is not supplemental n	yet named, ma report, as direct
Sex of male	Twin, triplet, or other? Small	Number in order of birth		Date of Birth	6 17 (Donth))ay) 19 <u>/5</u>
FULL NAME Howar	S Gilb	Cal- 130.24	MAIDEN 7	MOT MOT	List, E	ef in
RESIDENCE	hea Mi	it man	RESIDENCE	Elera	much	SHIDENGE
OR RACE White	AGE AT LA	AST Ø (Years)	OR RACE	hite	AGE AT LAST	26 (Years)
BIRTHPLACE	helsea	MATHERACE CON	BIRTHPLACE	Chile	Eq	RIHPLACE
occupation 201	achnes	PS HOITANDO	OCCUPATION	Afras	en ja	HOITAHUDS
Number of child of	this mother	ndi ia aaskida ta sadmyk	Number of children	, of this mother, new I	lying	
Militar	CERTIFICAT	E OF ATTENDI	NG PHYSICIA	N OR MIDWI	FE*	
I hereby certify t	hat I attended the bi	irth of above child	d, and that it occu	ined on la	E12,194,	at 9,94
or midwife, then th	no attending physician ne father, householder, this return. See in-	(Signature)	5261914_	1 -11 098 -11	But Sugar	e m.
Given or christia	n name added from		2 2019/	(Attending phy	sician, midwife, father, o	
		Address	(holdes			

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

in order of birth, stated.

County of Wash Line	-Cul	Department of State-	Division of Vital O	
County Oi	RECORD OF BIRTH	RECOR	D OF BIRTH	County of
Township of				to Canwoll
or Opposite and a second	X.		Registe	red No.
Village of Charte	***************************************			Williago of - Joanilly
City of	(No		Line (Mo	St.;Ward
Oity Oi	(210/1)			ou,vara
OF CHILD	nis Jas	T Gu	lde (in	child is not yet named, make pplemental report, as directed.
Sex of finals Twin, triplet, or other?	No and {Number in order of birth	Legiti- mate? 425	Date of July (Month)	2 7 19/4 (Day) 19/4
andis	Kulde	FULL MAIDEN C	MOTHER W. A	acreson
Chelica	mich	RESIDENCE	loca mi	R SUPPLIES
OR RACE White	BIRTHDAY (Yes	COLOR OR RACE SOL		AT LAST 3 2 RTHDAY (Years)
ERELISEA.	mich	BIRTHPLACE	Nova On	itorio
OCCUPATION MILES)	occupation C	t home	ETTE HOLLANDON
Number of child of this mother	DECAL	Number of children, o	f this mother, now living	aux.
CE	RTIFICATE OF AT	TENDING PHYSICIAN	OR MIDWIFE*	
I hereby certify that I atte	nded the birth of above	e child, and that it occur	red out 14 27	1944, at 8 9M
When there was no attending or midwife, then the father, letc., should make this retustructions on back.	householder, (Signa	July 29 10 (4	Gulde	m, J_u
Given or christian name a	dded from a	C Belore	(Attending physician, mic	wife, father, etc.*)
supplemental report	19 Addre	65	1 1	and a management of the
	and a series	1/29 -11/	2/4 8 4	auca.
	Filed.	, 1947		REGISTRAR.

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child

RETURN birth,

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

County of Wash County	Department of State-Division of Vital Statistics RECORD OF BIRTH
Township of Village of Or City of Selection (No.	Registered No.
FULL NAME OF CHILD GOOD	Supplemental report, as directed.
child make triplet, or other Day and	in order mate? 745 Birth (Mogos (Day) (Year)
John Liebean	FULL MAIDEN MARE MARE MARE MARE Miller
RESIDENCE Chelica	RESIDENCE Chelica
COLOR OR RACE White BIRTHDAY	45- COLOR OR RACE Whits AGE AT LAST 35- BIRTHDAY (Years)
BIRTHPLACE Chelvea	BIRTHPLACE Chelsen
OCCUPATION SEamster	Housen JE
Number of child of this mother	Number of children, of this mother, now living
	of above child, and that it occurred on any 15, 1966, at 8 6 M. (Signature) Dated 2419/4 (Attending physician, midwife, father, etc.*)
supplemental report19	Filed aug 12, 1946 21, Janea

		each,
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	WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD.	N. BIn case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
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ES	5	IBPARATE RETURN mi in order of birth, stated.
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		N. B

PLACE OF BIRTH HOLM HOLL IN	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Wath Chaw 30 080338	RECORD OF BIRTH
Township of Office Ea	Registered No. 22
City of (No.	St.; Ward
Sex of triplet, or other?	Chamble If child is not yet named, make supplemental report, as directed legitimate? Date of 24 19.14 Birth Gonth (Day) (Year
FULL NAME Showide	FULL MAIDEN MOTHER VICKER
RESIDENCE PRICE Mich	Chelven Mich
OR RACE Whats AGE AT LAST OF BIRTHDAY (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE y crus any	BIRTHPLACE Com any
occupation about a	Jours CW / E
Number of child of this mother	Number of children, of this mother, new living
The state of the s	nding Physician or Midwife*
I hereby certify that I attended the birth of above of the was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	re) Du W. Schmidt
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address	41.26 194 N. Janaa
REGISTRAR.	REGISTRAR.

UNFADING RECORD.

LARGIN RESERVED FOR

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,

County of Wag	h Chand 300	RECOR	eartment of Stat	RD OF BIRTH		County of
Township of or	Registra			1	Registered No	24
Village of Control	Δ					10 offerrit A
City of	No),	10		St.;	Ward
OF CHILD	Bout Do	avil	Schna	ida	If child is not supplemental:	yet named, make report, as directed
Sex of Male	Twin, triplet, or other? Lwo } and {	Number in order of birth	Legiti- mate? 755	Date of Sc Birth	11-12- (In (I	Day) 19 (Year
FULL NAME OSCAR	Sch na	la distribution	FULL MAIDEN MAME	MOT Ven	HER	04
RESIDENCE CA	Pelora	22420183	RESIDENCE	Chel) Eac	DOMESTICAL
OR RACE Whit	AGE AT LAST BIRTHDAY.	(Years)	COLOR OR RACE	Thele	AGE AT LAST BIRTHDAY	Z 3 (Years)
BIRTHPLACE M	rikagam	Juna mirro	BIRTHPLACE	Mich	aga-) J
OCCUPATION M	or fant	HOTANUSS	OCCUPATION	Sour.	enfe.	HOLLWINDO
Number of child of	this mother 2	la academ te reducada	Number of children	n, of this mother, new I	ving 2	In minut.
	CERTIFICATE	OF ATTEND	ING PHYSICIA	N OR MIDWI	FE*	0
I hereby certify t	hat I attended the birtl	h of above chil	d, and that it oc	firred on	1-12, 1944,	at 8" 4M
When there was	no attending physician ne father, householder, this return. See in-	(Signature)	1.22-14	9	Pus L	Tarks and Total or and the control of the control o
The state of the s	n name added from a	Dated	19	(Attending phy	sician, midwife, father,	etc.*)
supplemental repor	t19	Address	1822	91	1	200
- Andrewson		Filed	7- 1- 100	-/1.	4,000	

in order of birth, stated.

PLACE OF BIRTH	STATE OF MICH	STATE partment of Sta	OF MICH		PLAC
County of Wash Crian	RECORD OF ST	The state of the s	ORD OF BIRTH		County of
Township of Village of Chelica				Registered No	26
or City of	(No,			St.;	Ward
FULL NAME PO 6 S.	t LE Pry	from	ich.	{ If child is no supplement	not yet named, mak tal report, as directed
Sex of mult triplet, or other?	and { Number in order of birth	Legiti- mate?	Date of Birth	Month)	(Day) 19/4 (Year
POY FATHER	nch	FULL MAIDEN NAME	uth ?	Junto	
RESIDENCE Chelsea	P. D.	RESIDENCE	Chelo	ica	SOMEGIERA
OR RACE White	AGE AT LAST 2/ BIRTHDAY (Years)	COLOR OR RACE	Ofite	AGE AT LAST BIRTHDAY.	(Years)
BIRTHPLACE DEXCa	The second	BIRTHPLACE	Che	lica	I WENT AND A STATE OF THE STATE
occupation Mach	Parist	OCCUPATION	Hor	escul E	ногинилос
Number of child of this mother	/ thus mid to combine to reduce	Number of childre	en, of this mother, now	living	fo to reducit
CERT	PIFICATE OF ATTENI	OING PHYSICIA	AN OR MIDW	IFE*	
I hereby certify that I attended	ed the birth of above ch	ild, and that it occ	urred on	- 7, 19/4	4 at 109, M
*When there was no attending; or midwife, then the father, hou etc., should make this return. structions on back.	seholder, (Signature)	1 / / Le 19/4 -	9 70	rus h	when the re-
Given or christian name add			(Attending pl	hysician, midwife, fath	er, etc.*)
supplemental report	19 Address	1+16- 201	4 2/4	1 Jan	nca
	REGISTRAR.	, 19	MARTINAM	1	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,

PLACE OF BIRTH	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Was I haw	RECORD OF BIRTH
Township of	2 7 7
Village of Che losa	Registered No.
City of (No.	
FULL NAME Sall	Judson Holom (If child is not yet named, make supplemental report, as directed.
triplet, and in	umber corder order birth Birth (Month) (Day) (Year)
FULL NAME William HAGE	MAIDEN MATHER MOTHER MAIDEN NAME Margaret Hudson
RESIDENCE ORILEEU	RESIDENCE Chelora
OR RACE White AGE AT LAST BIRTHDAY	47 COLOR OR RACE Whole BIRTHDAY S 5
BIRTHPLACE Machagan	BIRTHPLACE Michigan
OCCUPATION Day Late	occupation foutenil
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE O	F ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth	of above child, and that it occurred on 521-23, 1944, at 84 M.
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	(Signature) Just
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report19	Address Filed Soft 30 196 Die hara
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	F	TUR.
MAKGIN KESERVED FOR BINDING.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR	N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the nu in case of more than one child at a birth, stated.
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County of Worth County of GROSSA	Department of Stat	OF MICHI te-Division of to ORD OF BIRTH	Vital Statistics	County
Township of Polo Ea SM		.1	Registered No.	28
Village of City of (No.	Golda	071	St.;	Ward
FULL NAME COLY May	aldo	1	If child is not yet supplemental repo	t named, mak ort, as directed
Sex of triplet, or other? } and { Number triplet, or other? } and { Number triplet, or other?	Legiti- mate?	Date of Birth	If IS (Day)	19 <u>-</u>
FATHER Godon	FULL MAIDEN NAME	Fystle	braft	BHAN
RESIDENCE Of Clien	RESIDENCE	Chi	leca	Anna mest
COLOR OR RACE What & AGE AT LAST 3 2 BIRTHDAY (Year	COLOR OR RACE	ShitE	AGE AT LAST	(Years)
BIRTHPLACE GEERNY A. My	BIRTHPLACE	Green	1 /1.4	2cr
Salan in Saw Med	OCCUPATION	Hour	ew/s	HT-GAM-JOSO
Number of child of this mother.	Number of childre	n, of this mother, now i	living 3	Marie II
CERTIFICATE OF ATT		0-8	FE* 2 8 19/4 at	//0-
I hereby certify that I attended the birth of above	e child, and that it occ	urred on V	, 19, at	N
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	ture) (1)	nchus	- Gu	ldE_
Given or christian name added from a	132	(Attending phy	ysician, midwife, father, etc.	*) 110410
supplemental report 19 Addres	Seft 29 19.8	Nu.	I. Jane	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,

PLACE OF BIRTH HOIM	PLACE OF ENABLISHMENT OF MICHIGAN
County of Wash Curaw	Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Tay low	
or calle	Registered No.
Village of Charles	Village of
City of (N	o
OF CHILD May an	[If child is not yet named, make supplemental report, as directed.
Sex of the child triplate or other? no and	Number in order of birth Legitimate? 12 S Date of OC £ 2 & Day (Year)
FATHER VINCENT	Bug Mary Sunagle
RESIDENCE Chelsea Mrc	R Chilsta Mich
OR RACE Whits BIRTHDAY	
BIRTHPLACE Jury Sool Qhu	BIRTHPLACE Cheleg Mich
occupation harmasurt-	occupation at home
Number of child of this mother Frisk	Number of children, of this mother, now living
CERTIFICATE	OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birt	th of above child, and that it occurred on Och 2 6, 1914, at 145 M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	(Signature) andras Guldz M. D.
Given or christian name added from a	Chiles M-
supplemental report19	Address Address
ale I Vine come	Filed Ocx 29 1946 The Lanca
* REGISTRAR.	REGISTRAR.

ORD.	N. BIn case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number
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County of Wash Con and Dep	STATE OF MICHIGAN partment of State-Division of Vital Statistics RECORD OF BIRTH
Township of The Control of Children	Registered No. 29
City of (No. FULL NAME May fur	St.;Ward) (If child is not yet named, make supplemental report, as directed.
Sex of triplet, triplet, or other?	Legitimate? 455 Date of Oct ZJ, 19/4 (Month) (Day) (Year)
FULL FATHERY NAME Start Fura	MAIDEN MATHER MOTHER MESSTAL
RESIDENCE Chelsea	COLOR COLOR AGE AT LAST 39
OR RACE White BIRTHDAY (Years)	OCOLOR OR RACE WAYES BIRTHDAY (Years)
occupation austria	OCCUPATION None
Number of child of this mother Eught	Number of children, of this mother, new living
CERTIFICATE OF ATTENDED I hereby certify that I attended the birth of above child	oing Physician or Midwife*
When there was no attending physician or midwife, then the father, householder, leter should make this return. See in-	1.27 19/14
Given or christian name added from a supplemental report	Chelsea Mac
Filed Pe	+27 19/4 75" January 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.

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PLACE OF BIRTH HOM TO STATE	STATE OF MICHIGAN TO BOALT
County of Washunaw	epartment of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Jy	Towns of the on
Village of Chiclo Ea	Registered No.
or //	10
City of No	St; Ward)
OF CHILD	(If child is not yet named, make supplemental report, as directed.
Sex of Comals Twin. triplet, or other? and {Number in order of birth	Legitimate? 755 Date of Oct 18 (Day) (Year)
PULL PATHER Sigalbing	FULL MAIDEN MOTHER LEGA
RESIDENCE Chilo Ea	RESIDENCE Cheloca Mich
COLOR OR RACE WRITE BIRTHDAY (Years)	OR RACE WGIES AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE SELECT OFW	BIRTHPLACE Children
occupation Drodies Marchant	occupation Mms
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above ch	hild, and the tit occurred on 90 1/8, 1944, at 11 0 M.
When there was no attending physician or midwife, then the father, householder, etc. should make this return. See in	Mrs a) (Nolmers
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address	474 . 19 H. I Danen.
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WRITE PLAINLY, WITH UNFAUING INA I IS A PERMANENI NECOND.	N. BIn case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number	
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Registered No.
30
St.;Ward
Edward If child is not yet named, make supplemental report, as directed
Date of Oct , 4 , 19/9 (Year
Crtude REcopor
Chelia
AGE AT LAST 20 BIRTHDAY (Years)
OGio
Housewife
of this mother, now living
N OR MIDWIFE*
rred gn (C) 4, 19/4, at// 4 1
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sio, should make the sturn, sen the
(Attending physician, midwife, father, etc.*)
(Assenting physician, midwite, father, etc.+)
2/00

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

PLACE OF BUTH HOLM TO STAT	STATE OF MICHIGAN
County of Wash Linau	RECORD OF BIRTH
Mamphing Any lows	RECORD OF BIRTH
Township of Or Control	Registered No.
Village of MZ W 24	Registered NO.
or (N	1
City of (No.	St.; Ward)
OF CHILD May Kathing	(If child is not yet named, make supplemental report, as directed.
Sox of finals Twin, triplet, or other? 20 and { Number in order of birth	Legiti- mate? 75 Date of 70 10 Birth (Month) (Day) (Year)
	MAIDEN MANY Agnes / (EElan
RESIDENCE Children Mich	Children Mriel
OR RACE White BIRTHDAY (Years)	OR RACE Whote BIRTHDAY (Years)
Morth B.	Sylvan ff.
occupation Carpentere	occupation at home
Number of child of this mother	Number of children, of this mother, now living The EE
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above ch	hild, and that it occurred on 20 10, 1944, at 150 M.
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature Dated 1997)	and one state this return, from land
Given or christian name added from a	O. R. S. (Attending physicist midwife, father, etc.*)
supplemental report 19 Address Filed 7	010 1914 15 LDances
REGISTRAR.	REGISTRAR.

PLACE OF BIETH HOM TO STA	STATE OF MICHIGAN	
County of Wash Guan	Department of StateDivision of Vital Statist RECORD OF BIRTH	County of
/ HINIS TO UNUSAN	RECORD OF BIRTH	5
Township of Oct Oct O	Registered N	10. 2 4
Village of Children		Alliance of
City of (No	St;	Ward
FULL NAME Annes Po Cox	Swegles Strehildisupplement	s not yet named, mak ental report, as directed
Sex of Child Male Twin, triplet, or other? No and (Number in order of birth	Legitimate? YES Date of HO 4, (Month)	(Day) 194 (Year
FATHER SUE PLES	FULL MOTHER MOTHER E, 3.	aden
Chilia Mich	RESIDENCE Chilse Me	(D) nonzejden
OR RACE WHITE	COLOR OR RACE White	Y (Years)
BIRTHPLACE Wayne Mrch	BIRTHPLACE Tours Of	Lario
occupation of motor Cycle fu	clay occupation at home	PORTAGUADO
Number of child of this mother 3	Number of children, of this mother, new living	vd
Colon of the second	ENDING PHYSICIAN OR MIDWIFE	2 60
I hereby certify that I attended the birth of above	child, and that it occurred on, 194	4, at 1
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	to this return in the	de
Given or christian name added from a	(Attending physician, midwife, for	sther, etc.*)
supplemental report 19. Addres	21 5 5/1/	nun
BEGISTRAR.		REGISTRAR.

County of CO	Name 40	RECORD	RECORD (
Village of C	4 E 2 (N		
FULL NAME	Emil fay	3499	٤
Sex of Compale	Twin, triplet, or other?	Number Legiti- in order of birth	745 B
FULL NAME or or	FATHER BAGGE	FULL MAID NAME	EN (/
RESIDENCE	Chilora	RESI	DENCE
COLOR OR RACE WELLS	AGE AT LA BIRTHDA		
BIRTHPLACE CA	down ma	BIRT	HPLACE
OCCUPATION	Endu	occ	WPATION Las
Number of child o	of this mother	Number of the state of the stat	er of children, of th
		E OF ATTENDING PI	
I hereby certify	that I attended the bi	rth of above child, and t	hat it oocurred
on midwife then	s no attending physician the father, householder, te this return. See in- k.	(Signature)	0, 6
Given or christ	ian name added from	a	
supplemental rep	ort19	Filed SE2 V	

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

egistered No .. -Ward) (If child is not yet named, make supplemental report, as directed. (Day) (Year) AGE AT LAST (Years)

sician, midwife, father, etc.*)

REGISTRAR.

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

in order of birth, stated.

STATE OF MICHIETRIE TO STATE	STATE OF MICHIGANS TO TOATS
County of Wand Curan	record of StateDivision of Vital Statistics
Township of Village of OF Class The state of the state	Registered No.
FULL NAME Ellswut Mills	St.; Ward) Tue han qu {If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, or other? and Number in order of birth	Legitimate? 400 Date of Birth (Month) (Day) (Year)
FULL FATHER NAME Ellawarth Buchaman RESIDENCE	FULL MOTHER MAIDEN ALLE Burch RESIDENCE
Chelle Cu. COLOR OR RACE While BIRTHDAY (Years)	Color OR RACE White BIRTHDAY (Years)
BIRTHPLACE Machinga	BIRTHPLACE Michagan
OCCUPATION Chemist	OCCUPATION Harter fo
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of above child,	and that to occurred on SE2 26, 19/4, at 49M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	L. J. 328 f
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address Piled DEC	26, 194 Ju Janen

Lan

WRITE PLAINLY, WITH UNFADING INK ... THIS IS A PERMANENT RECORD. Form 380-12-12-2,000... MARGIN RESERVED FOR BINDING.

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

STATE OF MICHIGARY	STATE OF MICHIGAN artment of State-Division of Vital Statistics
County of Wash Chi and	RECORD OF BIRTH
Township	TOWN
Village of Okoloan	Registered No.
or City of (No	
	11-11-0
OF CHILD	Stay Caugh [If child is not yet named, make supplemental report, as directed.
Sex of Malk Twin, triplet, or other? } and { Number in order of birth	Legiff Birth (Month) (Day) 19/5-
NAME DE Stay Langh	FULL MOTHER MOTHER NAME MAY M. Jich
RESIDENCE DE E PO O Mil	RESIDENCE COE GO Mil
OR RACE Whice AGE AT LAST 22 BIRTHDAY (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE Jovia Mich	BIRTHPLACE Enay EE led
OCCUPATION Elect-	OCCUPATION Zforson fr.
Number of child of this mother Frisk	Number of children, of this mother, now living.
CERTIFICATE OF ATTENDI	ng physician or midwife*
I hereby certify that I attended the birth of above child	I, and that it occurred on Lt., 19/5, at / M.
when there was no attending physician or midwife, then the father, householder, etc., should make this return. See in-	Thu Schmidt
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
Address Address	CONTRACTOR OF THE PROPERTY OF
supplemental report	30 19. N- D. C. Sancii
Filed	REGISTRAR.

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,

STATE OF MICHIHIDE TO STATE	STATE OF MICHIGAN TO BOAD
County of Wahl Cnaw	rtment of StateDivision of Vital Statistics RECORD OF BIRTH
Township of or	39
Village of Ch dha	Registered No.
City of (Ny)	St.;Ward)
FULL NAME of the off	(If child is not yet named, make supplemental report, as directed.
Sex of Male Twin. triplet or other and \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Legilimale? Date of S, (Month) (Day) (Year)
She with Father with	MAIDEN MANAGE Alba
RESIDENCE Of Con	RESIDENCE Chelsen
COLOR OR RACE (hats BIRTHDAY (Years)	COLOR OR RACE White BIRTHDAY 23 (Years)
BIRTHPLACE Quelia Hongan	Eisting Hingary
occupation Laborin	OCCUPATION MAR.
Number of child of this mother DE end	Number of children, of this mother, now living.
CERTIFICATE OF ATTENDIN	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child,	and that it occurred on far 15-, 19 M, at V M.
*When there was no attending physician or midwire, then the father, householder, etc., should make this return. See instructions on back. (Signature)	510 41 De () alma
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address	- 10/1 2/. Danen
REGISTRAR.	REGISTRAR.

PLACE OF BURTH HOLM HO STATE	STATE OF MICHIGAN
County of Wash Thraw Depart	rtment of StateDivision of Vital Statistics RECORD OF BIRTH
Township of July	260
or of lan	Registered No.
Village of or	
City of (No,	St.;Ward)
OF CHILD Albart	Galarde (If child is not yet named, make supplemental report, as directed.
Sex of Male Twin, triplet, or other? and { Number in order of birth	Legiti- mate? 765 Date of Sun 25- (Month) (Day) (Year)
NAME albert Galaile	MOTHER MAIDEN HEORGINA Calcita
RESIDENCE Chelica M	RESIDENCE Chalica
OR RACE O hato AGE AT LAST HE BIRTHDAY (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE Staly	BIRTHPLACE - Staly
occupation Laboria	at home.
Number of child of this mother 75 50 Ga	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE*
	0
I hereby certify that I attended the birth of above child,	and that it occurred on , 1970, at M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	8 1965 ander Gulde
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report19 Address	o me Hel Danca
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in order of birth, stated.

MARGIN RESERVED FOR BINDING.

County of Wash Caran	Department of	TE OF MICHI StateDivision of V	GAN TO BOATE
Township of		RECORD OF BIRTH	la l
or nel			" - Service of the Service of
Village of Chelle Ea		1	Registered No.
City of (No			79
FULL NAME OF CHILD	nay M	alth	St.; Ward
Sex of child female triplet, or other?	Legiti-	Date of 48	828
FATHER Malton	FULL MAIDEN NAME	MOTH	HER
COLOR COLOR COLOR COLOR	RESIDENCE		MESILENCE O FER
OR RACE White BIRTHDAY.	(Years) COLOR OR RACE	Whate	AGE AT LAST ZO BIRTHDAY (Years)
Sould Docole	BIRTHPLAC	e Chelic	A PARTITION
Barba	OCCUPATIO	none	POGEUPATION .
Number of child of this mother Fush	And to make with Number of ch	illdren, of this mother, now liv	ing
CERTIFICATE OF	TTENDING PHYSIC	CIAN OR MIDWIF	E*
I hereby certify that I attended the birth of a	bove child, and that it	occurred on $4 \in 3$	28 2015-110
*When there was no attending physician	gnature) Sco	W Jalo	19.23, at 7. 4 M.
Given or christian name added from a	ed Mal 19/1	Tarte Box 1010	etractions on beeling
and the second s	dress	(Attending physic	cian, midwife, father, etc.*)
File	d 2/27	21.6	Janens
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DRD.	BIn case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each,
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County of	ם סר פועדא	RECOR	RECO	ORD OF BIRTH	and don do	lo vouco
Township of Village of CP	-			F	legistered No.	lo egalli
City of	(No.				St.;	Wai
FULL NAME &	reane E	2	Wina		If child is not ye supplemental rep	et named, m
Sex of Male	triplet. and {	Number in order of birth	Legiti- mate?	Date of 72	onth) (Day	, 19 <u>/</u>
FULL Soma	FATHER & Wini	ans	FULL MAIDEN NAME	noth	with	n6-
RESIDENCE CAR	ben	RESIDENCE	RESIDENCE	2 Roles	a 17 0	зринан
COLOR OR RACE What	AGE AT LAST BIRTHDAY	2 7	OR RACE	Shite	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE CHO	loca	TOWN PROPERTY.	BIRTHPLACE	Lma	The.	PAJERT
OCCUPATION The	rticutur	ist-	OCCUPATION	non	4	нопачиз
Number of child of th	is mother	a market of chillians	Number of childre	n, of this mother, now liv	ing gran	·
	CERTIFICATE	OF ATTENDI	NG PHYSICIA	N OR MIDWIE	E	020
I hereby certify th	at I attended the birth	of above child	l, and that it occ	urred ou	, 19, at	18
etc., should make	o attending physician o father, householder, this return. See in-	(Signature)	Her U) Palm	na	B) and W.
(structions on back.	name added from a	Dated 7	2/_ 19	(Attending phys	ician, midwife, father, etc	.*)
	maine added from a			\$1000 P. S.	A CONTRACTOR OF THE PARTY OF TH	AND SHIPPING

N. B.-In case of more 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 BURTH I HOIM TO		ATE OF MICH	The state of the s
County of Wash Canar	Department	of StateDivision of RECORD OF BIRTH	the B. William Committee of the Committe
Township of			Torvell
Village of Chelica			Registered No.
City of (No.		No	St.;Ward)
FULL NAME Stanley &	and Wa	gadon	{ If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, or other?	Number in order of birth Legitimate?	Date of Birth	E 2 7 19 /V- Month) (Day) (Year)
PULL NAME OF AS PASSAGE STATES	don FULL MAID!	643060	Page
RESIDENCE C Rolan	RESID	Cho	Иса помощим
OR RACE White BIRTHDAY	(Years) COLO		AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Fileful M	BIRTH	IPLACE DEL	int mh
OCCUPATION La for	Z MOITANUEDO OCCU	PATION	yan MONTANION
Number of child of this mother Minz	Number of children	er of children, of this mother, now	living Mire
CERTIFICATE	OF ATTENDING PE	YSICIAN OR MIDW	IFE*
I hereby certify that I attended the birth	of above child, and th	atit occurred on 75	76, 1945, at 3 94M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	(Signature) Dated 7 19	how ya	line is a soul married to the soul of the
Given or christian name added from a		(Attending pl	hysician, midwife, father, etc.*)
supplemental report19	Address 1/27	19. H. A	Danus
Program	I Hou	,	REGISTRAR.

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MARGIN RESERVED FOR BINDING.

N. D.-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.

. I A Parally has you believed the street of the street	STATE OF MICHIGAN partment of StateDivision of Vital Statistics
County of Washington HT918 TO GROSES	RECORD OF BIRTH
Township of Village of Christa	Registered No.
City of (No,	St; Ward)
FULL NAME HENRY G. Dury	{ If child is not yet named, make supplemental report, as directed.
Sex of child Make Twin, triplet, or other? and {Number in order of birth	Legitimate? 10 Birth March 19 1915 (Month) (Day) (Year)
FULL FATHER Turfer	MAIDEN Hattir Mills
RESIDENCE Christa Mich	RESIDENCE Chrliste Mich.
COLOR OR RACE White AGE AT LAST 43 (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE austin TR. Mich	BIRTHPLACE Gudson Mich
OCCUPATION Gabour	occupation Hour
Number of child of this mother	Number of children, of this mother, now living
I hereby certify that I attended the birth of above chi	(1) 15 (1) 1 was -
etc., should make this return. See instructions on back.	(Attending physician, midwife, father, etc.*)
Given or christian name added from a	(Varlaga - Mich
supplemental report 19 Address Filed 3	14 194 George M. Sitz
REGISTRAR.	REGISTAR.

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

PLACE OF BIRTH HOLM TO STATE	STATE OF MICHIGAN the third of State-Division of Vital Statistics
Township of Sylvan	RECORD OF BIRTH Registered No.
Village of City of (No,	St.; Ward)
OF CHILD & dward Gran	tt Struce [If child is not yet named, make supplemental report, as directed.
Sex of Males Twin, triplet, or other? and Number in order of birth	Legitimate? March Birth (Month) (Day) (Year)
PULL PATHER Strawer	MAIDEN Bertha Simpson
RESIDENCE Chelina	RESIDENCE Christa
OCLOR OR RACE White BIRTHDAY (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE Joseph Go	Dosca Trongton Co
occupation Cabriet Maleur	House Wife
Number of child of this mother 3 willow and by tarbina by reduced	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIT	and that it occurred on March 1911, at 11.41 M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	But and the whole on The
Given or christian name added from a	Christa Mich
supplemental report 19 Filed 4	3 , 19/2 - Bro m Srits
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birth,

PLACE OF BIRTH STATE OF MICHIGAN Department of State--Division of Vital Statistics RECORD OF BIRTH Township of Registered No. Villageof (No..... City of. Ward) FULL NAME If child is not yet named, make supplemental report, as directed. OF CHILD Twin, triplet, or other? Date of Sex of Birth. mate? child (Month) (Day) FATHER FULL MOTHER FULL MAIDEN NAME NAME RESIDENCE RESIDENCE COLOR AGE AT LAST COLOR AGE AT LAST OR RACE OR RACE BIRTHDAY. (Years) (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION Number of children, of this mother, now living..... Number of child of this mother..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of above child, and that it occurred on When there was no attending physician (Signature) or midwife, then the father, householder, etc., should make this return. See instructions on back. (Attending physician, midwife, father, etc.*) Given or christian name added from a Address supplemental report-19.... Filed. REGISTRA 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.

County of Wattnam Depart	STATE OF MICHIGAN tment of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Pulsua Village of Chulsua	Registered No. / O
City of (No. FULL NAME Cathrine Br	St.; Ward) Vrsamile [If child is not yet named, make supplemental report, as directed.]
Sex of Hemale Twin, triplet, or other? and Number in order of birth	Legitimate? HED Birth Opril 30 1918 (Year)
FULL PATHER PATHER Brogsamily	RESIDENCE DE MOTHER MOTHER POUNG
COLOR OR RAGE White Age AT LAST A GIRTHDAY (Years)	color or race white AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Washtrnaw	BIRTHPLACE Sylvan
Carpenter Carpenter	OCCUPATION Truestin
Number of child of this mother. Fronth	Number of children, of this mother, now living 01 w0
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of above child, or midwife, then the father, householder, etc., should make this return. See instructions on back. CERTIFICATE OF ATTENDING (Signature)	and that it occurred on April 3, 195, at 0, 30 Pm.
Given or christian name added from a	Phylota (Attending physician, midwife, father, etc.*)
Filed May	12,191 4. M. Switz
REGISTRAR.	MOISTHAN.

		each,
		0
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	N. BIn case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each,
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	ANEN	each,
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County of Washtuan	RECORD OF B	RECOR	D OF BIRTH	-	County
Township of Chrlina Village of Chrlina	••		Regis	tered No.	Townsell oz Village of
City of	(No			St.;	Ward
FULL NAME HELOV	1 6. Dy	endorf	- 40 MU	If child is not yet supplemental repor	named, mak rt, as directed
Sex of Male Twin, triplet, or other?	and { Number in order of birth	Legiti- mate? 2528	Birth (Month)	7 , 8 (Day)	, 19/ J
FORETTO E	Tefundor	MAIDEN NAME MA	ma J.	Styr	~
Chrlina	0	RESIDENCE @	helica	3 4 3 5	- //
	E AT LAST 2 (Years)	OR RACE	ute 1	BIRTHDAY	(Years)
BIRTHPLACE Howlry	lle Mich.	BIRTHPLACE	Cheler	a_	NO ALIGNATURE
OCCUPATION Velramar	of Surgrow	OCCUPATION	Monr		OCCUPATION
Number of child of this mother	Wirst	Number of children, o	f this mother, now living	our	alanda-
CERTIF	CATE OF ATTENDIN	G PHYSICIAN	OR MIDWIFE*		10
I hereby certify that I attended	the birth of above child,	and that it occur	red on May	, 19/J_, at_	8 7 M
*When there was no attending phy or midwife, then the father, housels etc., should make this return. So structions on back.	holder, (Signature)	1/40 W	. Pals	nr	*When ohe etroption
Given or christian name added		000	(Attending physician,	midwife, father, etc.	Givon (
Given of Chilstan hame added	Address	(WALAK	19 m	ille	•

PLACE OF BIRTH HOLM TO STATE	STATE OF MICHIGAN TO TO A STATE OF MICHIGAN TO TO TO THE PROPERTY OF STATE
County of County	RECORD OF BIRTH
Township of Village of Chulke	Registered No. / 2
City of	St; Ward)
FULL NAME May May	(If child is not yet named, make supplemental report, as directed.
Sex of Malk triplet, or other?	Legit Wate? West Birth May 2,7 (Day) 19/1
PULL NAME ather young	MAIDEN Gillir Which
RESIDENCE Philory Mich	Chrlsra Chrlsra
OR RACE White AGE AT LAST 27 BIRTHDAY (Years)	or race white AGE AT LAST 27 BIRTHDAY (Years)
BIRTHPLACE Sylvan Jb.	Hirrdon Tp.
OCCUPATION Jaboros	OCCUPATION MOUR
Number of child of this mother forth	Number of children, of this mother, now living Three
CENTIFICATE OF ATTENDIT	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child,	and that it occurred on May 27, 1913, at 730 PM.
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	2919/8' 2919/8'
Given or christian name added from a	Ohrlsva Mich
supplemental report 19 Filed Jun	ur 1 1918 GEO M. Suits
REGISTRAR-	REGISTRA.

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

	ORD OF BIRTH
Village of Pulsua	Registered No. 13
City of (No.,	St.; Ward)
OF CHILD Eldoy Shrlby Harri	{ If child is not yet named, make supplemental report, as directed.
Sex of Male triplet, or other? } and {Number in order of birth triplet, or other?}	Birth May 2,6 (Day) 19 J
Robert Harris FULL MARGEN NAME	Maggir Four
RESIDENCE Phrlase	helica
OR RACE White AGE AT LAST 30 COLOR OR RACE W	Oute SIRTHDAY (Years)
BIRTHPLACE Congland	Michigan
OCCUPATION OCCUPATION	Housewife
Number of child of this mother Number of childre	en, of this mother, now living
CERTIFICATE OF ATTENDING PHYSICIA	and 111 15 11 1
I hereby certify that I attended the birth of above child, and that it occ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature) Dated July 19	ly. Bush
Given or christian name added from a	(Attending physician, midwife, father, etc.*)

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

County of Dashland	STATE OF MICHIGAN 10 10 10 10 10 10 10 10 10 10 10 10 10
Township of or Village of Chrlera	Registered No.
FULL NAME & Lugueta &	St.; Ward) [If child is not yet named, make supplemental report, as directed.]
Sex of triplet, triplet, or other? Surgle and Number in order of birth	Legil Birth June 1/ (Month) (Day) (Year)
George G. Cowing	MADEN AME France Starling
RESIDENCE Philsra	RESIDENCE Phrlsca
OR RACE White BIRTHDAY HO (Years)	or race White BIRTHDAY (Years)
BIRTHPLACE Michigan	BIRTHPLACE Michigan
OCCUPATION Jumbannau	OCCUPATION Housewhite
Number of child of this mother	Number of children, of this mother, now living
I hereby certify that I attended the birth of above child, *When there was no attending physician or midwire, then the father, householder, (Signature)	Il le Buch
etc., should make this return. See in- structions on back. Dated July Given or christian name added from a	29.19/5 Physician (Attending physician, midwife, father, etc.*)
supplemental report 19 Address	Chulse & lite
REGISTRAR. Filed.	12. 17, 19/0 - The file stran.

FULL NAME OF CHILD Sex of Child Partle Sex of Child Partle Sex of Child Partle Sex of Child Partle FATHER RESIDENCE OCIOR OR RACE OCCUPATION COLOR OCCUPATION Mumber of child of this mother. COLOR OCCUPATION COLOR OCCUPATION Mumber of child of this mother. COLOR OCCUPATION COLOR OCCUPATION Mumber of child of this mother. COLOR OCCUPATION COLOR OCCUPATION Mumber of child of this mother. COLOR OCCUPATION Mumber of children, of this mother, now living. COLOR OCCUPATION COLOR OCCUPATION Mumber of children, of this mother, now living. COLOR OCCUPATION COLOR OCCUPATION Mumber of children, of this mother, now living. COLOR OCCUPATION Mumber of children, of this mother, now living. COLOR OCCUPATION Mumber of children, of this mother, now living. COLOR OCCUPATION COLOR OR RACE Mumber of children, of this mother, now living. COLOR OCCUPATION COLOR OR RACE Mumber of children, of this mother, now living. COLOR OCCUPATION COLOR OR RACE Mumber of children, of this mother, now living. COLOR OCCUPATION COLOR OR RACE MICHIGAN (Years) MUMBER ACCUPATION COLOR OR RACE MICHICAN (Years) COLOR OR RACE MICHICAN (Years) MICHICAN (Years) COLOR OR RACE MICHICAN (Years) MICHICAN (Years) COLOR OR RACE MICHICAN (Years) MICHICAN (Years) MICHICAN (Years) COLOR OR RACE MICHICAN (Years) MICHICAN (Years) MICHICAN (Years) MICHICAN (Years) (Years) COLOR OR RACE MICHICAN (Alterdiag physician, midwife, father, etc.*) Address Address	County of Wayner	RECORD OF BIRTH
City of	Village of Ohelsea	Registered No.
Sex of child famula Trip Trip and Trip Trip Trip Trip Trip Trip Trip Trip		,
COLOR OR RACE Wiches Wilder Occupation Number of child of this mother Number of child of this mother Thereby certify that I attended the birth of above child, and that it occurred on Jaury 18, 1915, at 47, 1918 of the structure of this make this return. See instructions on back. Given or christian name added from a supplemental report 19. Michael Mother (Month) (Day) FULL MAIDEN MOTHER MOTHER MOTHE		findulary (If child is not yet named, ma) supplemental report, as directed
RESIDENCE Order COLOR OR RACE OR RACE OR PLAST BIRTHDAY OCCUPATION Number of child of this mother CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* OCCUPATION OCCUPATION I hereby certify that I attended the birth of above child, and that it occurred on January, 1915, at 47. 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. Address Address Address Address Address ACLOR OR RACE ORLOR ORLOR ORLOR ORLOR ORLOR OR RACE ORLOR ORLO	friplet/ / and in order	mate? Birth Jule 8 19/9
COLOR OR RACE DICHES BIRTHDAY OCCUPATION Mumber of child of this mother CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and that it occurred on January 18, 1915, at 47, 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. Address COLOR OR RACE Phult ACE AT LAST A		MAIDEN Agnes Farrell
BIRTHDAY (Years) CCUPATION Mumber of children, of this mother, now living 3. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and that it occurred on July 28, 1913, at 47, at 4	RESIDENCE O helsea	RESIDENCE
Number of child of this mother. Number of child of this mother. Secure of children, of this mother, now living. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and that it occurred on June 28, 1915, at 47. 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. Address	OR PACE	OR RACE , h D BIRTHDAY 2
Number of child of this mother. Number of child of this mother. Number of children, of this mother, now living. 3. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and that it occurred on July 28, 1915, at 4P. When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. Oxford Oxfo	7141	Michigan
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 4P. 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. Address Christian Address Christian Date 20, 1915.	occupation M rachart	Housewohife.
I hereby certify that I attended the birth of above child, and that it occurred on July 28, 1915, at 47. *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. Address Address	Number of child of this mother	Number of children, of this mother, now living.
Signature) 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	CERTIFICATE OF ATTE	NDING PHYSICIAN OR MIDWIFE*
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. Address Carlot Address	I hereby certify that I attended the birth of above o	child, and that it occurred on June 28, 1915, at 4 P.
Given or christian name added from a supplemental report	or midwife, then the father, householder, etc., should make this return. See in-	wy719/5
supplemental report.	Given or christian name added from a	(Attending physician, midwife, father, etc.*)
	supplemental report 19.	Lung is Gen M Soil

PLACE OF BIRTH HOLM HO STATS	STATE OF MICHIGAN artment of StateDivision of Vital Statistics
County of Washirman 10 000319	RECORD OF BIRTH
Village of Ohrlsra	Registered No. 16
City of (No,	St.; Ward
OF CHILD Mary Catherin	t Bockers (If child is not yet named, make supplemental report, as directed
Sox of Hemale Twin, triplet or other? Ho and {Number In order of bight	Legitimate? He Birth July 23, 1965
FATHER BOOKS R. BOCKES	
RESIDENCE Chelara Mich	RESIDENCE Chrosea Mich
OR RACE White AGE AT LAST BIRTHDAY (Years)	OR RACE White AGE AT LAST 36 (Years)
BIRTHPLACE Denton Mich	Dayter Mich
OCCUPATION Machinist	occupation at home
Number of child of this mother Hrast	Number of children, of this mother, now living
CERTIFICATE OF ATTENDE	ING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child	d, and that it occurred on July 13, 191, 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)	Andros Mulde M. D.
Given or christian name added from a	Ohalas Mich
supplemental report 19 Address Filed 7/	17 1015 9.M. Sett
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.

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County of Washtman	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Julian Village of Pullar	Registered No. 17
City of(No.	St;Ward)
FULL NAME Vidros M	ay Carpenthe (If child is not yet named, make supplemental report, as directed.
triplet, and	Womber for creer of birth (Mogriff) (Day) (Year)
PARLES Of Parks of Parks	marie Mildred V. Tate
Patroit of	Mich RESIDENCE Deternet Mich
OR RACE White BIRTHDAY	(Years) COLOR OR RACE White SIRTHDAY (Years)
OCCUPATION MI	ch Glenn Ville Whio
Tool Mas	lan your
Number of child of this mother Gust	Mumber of children, of this mother, now living
and the man to	OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth	of above child, and that it occurred on Lug 10, 19/5, at 12-30 M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	(Signature) Seo W. Malma M. P. Dated aug 12 19 5
Given or christian name added from a	Address Christa Mich a
supplemental report 19.	a but I st

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

PLACE OF BIETH HOM TO STATE Depa	STATE OF MICHIGAN TO HOALT
County of Waamaaw	RECORD OF BIRTH
Township of Ohrlsen village of Chrlsen	Registered No. /8
City of (No.	OF St. 19
,	St.; Ward) Under St.; Ward) Ward) If child is not yet named, make supplemental report, as directed.
Sex of Male triplet, or other? surgher and Number in order of birth	Legitimate? Man Birth Month (Day) (Year)
PULL NAME J. B. Wallace	FULL MOTHER MOTHER Albur
RESIDENCE Q fulses	RESIDENCE Chelsea
OR RACE White AGE AT LAST 3 7 BIRTHDAY (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE DU.	BIRTHPLACE Phylsia Mich
OCCUPATION Machinest	Housewife
Number of child of this mother	Number of children, of this mother, now living two
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child,	and that it occurred on Aug 27, 1915, at # a. M.
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	Liels Physam
Given or christian name added from a	Of halas a (Attending physician, midwife, father, etc.*)
supplemental report 19 Address Filed 9	1916 ls. M. Srik
REGISTRAR.	REGISTRAR.

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NDING.	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	
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Sex of child famula triplet, or other? and the in order of birth mate? Had Birth Legith mate? Had Birth Legith mate? Had Birth Legith mate? Had Birth Legith mate? Had Mother Mother Mark W W or of Mark W W W W W W W W W W W W W W W W W W W	Ward
City of St; PULL NAME OF CHILD Staffau (Include in order of birth (Month) (Include in	
FULL NAME OF CHILD. Sex of child family or other? and (Number in order or birth mate? And Birth (Nonth) (1) FULL FATHER NAME YES A taffam RESIDENCE Of ALLAST A 3 OR RAGE White BIRTHDAY. BIRTHPLACE Of ALLAST Mich OR RAGE White BIRTHDAY. BIRTHPLACE Of ALLAST Mich OR RAGE White BIRTHDAY. BIRTHPLACE Of ALLAST Mich OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OF MUMBER OF ATTENDING PHYSICIAN OR MIDWIFE.	
Sex of tring triplet, and triplet, or other? FULL FATHER MAIDEN NAME Mar W W FOR RESIDENCE COLOR OR RACE White BIRTHDAY (Years) BIRTHPLACE OCCUPATION Number of child of this mother CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	NA EL LATUR
FULL PATHER NAME OF STATES OF ATTENDING PHYSICIAN OR MIDWIFE*	eport, as directed
RESIDENCE RESIDENCE Office of the state of	7 , 19/ J
COLOR OR RACE White SIRTHDAY (Years) BIRTHPLACE OGCUPATION Number of child of this mother 3 Number of children, of this mother, now living The CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	P
OR RACE White BIRTHDAY OR RACE White BIRTHDAY BIRTHPLACE Ohrlare Mich Occupation Court / Curp Number of child of this mother 3 Number of children, of this mother, now living Three CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	ich
OCCUPATION Undertaken OCCUPATION / Fourt / Creps Number of child of this mother 3 Number of children, of this mother, now living There CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	H/(Years)
Number of child of this mother	ich
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	MOTE AUGO
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July tiz 15	
I hereby certify that I attended the birth of above child, and that it occurred on 1913,	at HP. M
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature) Dated Just 18191	etwice the
Given or christian name added from a Ohulana (Attending physician, midwife, father,	etrugitana a
supplemental report 19 Address Charles	tc.*) 117015

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

PLACE OF MICHIETHIE OF STATE	STATE OF MICHIGAN TO STATE
County of Walkluan	Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Village of Christia	Registered No. 20
City of (No.	,St.;Ward
OF CHILD Margarett C	Uber [If child is not yet named, male supplemental report, as directed
Sex of child Family triplet; or other? } and {Number in order of birth	Legitimate? Date of Oct 12 18/05- (Month) (Day) (Year
NAME /	FULL MOTHER MAIDEN NAME MERRY WOLCH
RESIDENCE Ohelsra Mich	RESIDENCE O Wileya Mich
OR RACE White BIRTHDAY (Years)	OR RACE White BIRTHDAY (Years)
austria Hungary	autria Hungary
OCCUPATION Gatorre V	occupation House wife
Number of child of this mother Sixth	Number of children, of this mother, now living Jiv
CERTIFICATE OF ATTE	NDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above of	child, and that it occurred on Oct 22, 195, 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.	re) ls to W. Palmer M. D.
Given or christian name added from a	O. harlang. (Attending physician, midwife, father, etc.*)
supplemental report 19 Address	1/25 0 PM Set-
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	ORD.	N. BIn case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each,
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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	each, a
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PLACE OF BIRTH HOLM TO STATE	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Watterney	RECORD OF BIRTH
Township of Phylics Village of Phylics	Registered No. 2/
or	St.; Ward)
FULL NAME OF CHILD	St { If child is not yet named, make supplemental report, as directed.
Sex of triplet, or other?	Legitimate? HES Date of Wet , 28 , 19/5 (Month) (Day) (Year)
	MOTHER MAIDEN COLOR METRY S Chweunouett
RESIDENCE Philage Mich.	RESIDENCE Childre Mich
or race white AGE AT LAST BIRTHDAY (Years)	OR RACE White AGE AT LAST 32 (Years)
BIRTHPLACE of Ermany	Sylvan Tp.
OCCUPATION Machinerst	occupation House wife
Number of child of this mother first	Number of children, of this mother, now living. How
CERTIFICATE OF ATTEN	NDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above c	hild, and that it occurred on 28, 190, at 9 . M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signatur Dated)	10 (19/5 - Dhyman
Given or christian name added from a	Oho Cake (Attending physician, midwife father, etc. *)
supplemental report 19. Address	1/1 wit S. M. Seits
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N. B .- In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each,

County of WashTuaw Dep	STATE OF MICHIGAN partment of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Village of Chalses	Registered No. 22
FULL NAME OF CHILD	2 all [If child is not yet named, make supplemental report, as directed.
Sex of triplet, or other? and Number in order of birth	Legitimate? HEA Birth (Month) (Day) (Year)
FATHER PATHER PATHER PATHERS	
RESIDENCE Phylora Mich	RESIDENCE O lulua
OR RACE White AGE AT LAST 19 (Years)	
Sylvan 1 p.	OCCUPATION Sylvan T/o.
OCCUPATION Gaborreh	your
Number of child of this mother	Number of children, of this mother, now living Two
I hereby certify that I attended the birth of above chil *When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature) Dated Man	Oliver 11 10 Parties and assert
Given or christian name added from a supplemental report 19 Address Filed	Chrlsva Mich. (Attending physician, midrife, father, etc.*) (Attending physician, midrife, father, etc.*)
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County of Washinson	Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Sylvan Village of Chulsta	Registered No. 2 3
City of(No.	St.; Ward
	, water
FULL NAME OF CHILD	If child is not yet named, mak supplemental report, as directed
Sex of Child Male Twin, triplet, er other? 2/0 and {Number in order of birth	Legilimate? yea Birth Mounty 1, 19/J. (Month) (Day) (Year
albert H. Micolai	FUL MOTHER MAIDEN NAME Christing 18. Bauer
Ohrlora Mich	Chrlsra Mich
COLOR POR RACE White SHRTHDAY. Year	COLOR OR RACE White AGE AT LAST 3 6 BIRTHDAY. (Years)
Hopsins mich	G Ermany
Flarming	occupation at home
Number of child of this mother Fright	Number of children, of this mother, now living Triflle
CERTIFICATE OF ATT	ENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of abov	e child, and that it occurred on Mov // 1945 att 3570. M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	ture) andros Gulde M. D.
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Addres	Mon in Cit
Filed.,	19.0 PEGETRAR.

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

STATE OF MICHITAIN TO STATE	STATE OF MICHIGAN TO HOAD			
ounty of Washtnew Department of State-Division of Vital Statistics RECORD OF BIRTH				
Village of Chulses Mich.	Registered No. 24			
City of (No,	St.; Ward)			
OF CHILD William J. Hoor	[If child is not yet named, make supplemental report, as directed.			
Sex of child Male triplet, or other? and Number in order of birth	Legilimate? Date of 100 , 23 , 19/1 (Month) (Day) (Year)			
William J Hoor	MOTHER Adria Streetur			
RESIDENCE Phylora Mich	RESIDENCE Phillips Mich			
OR RACE White AGE AT LAST 3 6 (Years)	OR RACE White AGE AT LAST 37 BIRTHDAY (Years)			
BIRTHPLACE adrian Mich	BIRTHPLACE Jima Mich			
OCCUPATION Yaburor	Jours Kriper			
Number of child of this mother.	Number of children, of this mother, now living			
CERTIFICATE OF ATTENDI	ING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child	d, and that it occurred on Mrv 23, 1915, at 4P. M.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	N.W. Schmidt M.D.			
Given or christian name added from a	Chrlsen M. el			
supplemental report 19 Address Piled 2/	024 195 ls m Seits			
REGISTRAR.	REGISTRAR.			

PLACE OF BIE	TE OF WICHIGHT	STATE Department of State	OF MICH	TO THE A PERSON NAMED AND ADDRESS.	PLo
County of Wash	luan	Jupummeden	ORD OF BIRTH	weeksa.	County of
Township of or Village of hulls	w	_		Registered No	25 WOT
City of	(No	.,		St.;	Ward)
FULL NAME MO	t yourd	<u> </u>	<u> </u>	{ If child is not y supplemental re	et named, make port, as directed.
Sex of child Fanethe or	other? Send and { Number in order of birth	Legiti- mate? 2/10	Date of Birth	Month) 2	192
FULL NAME & Levis	r Brown	FULL MAIDEN NAME	Mary .	HER Brayton	AJUN BMAH
RESIDENCE Of Chris	lera	RESIDENCE	Chr	laka	SOMBORES
OR RACE White	AGE AT LAST 2.7 BIRTHDAY (Years)	COLOR OR RACE	hitr	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	elugan	BIRTHPLACE	Mic	higan	HATHMAN
OCCUPATION O 4	Church	OCCUPATION	House	Swhift.	POT ARUDO
Number of child of this mot	ther	Number of childre	n, of this mother, now	living O	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO PERSON NAMED
I hereby certify that I *When there was no att or midwife, then the fat; etc., should make this	her, householder, Signatu	child, and that it occ	n	1725, 1915, a	187. M
structions on back. Given or christian name	Dated &	206 1918	(Attending ph	yatean, midwife, father, et	c.*)
supplemental report	19. Address	De l'amprison	resta	Mach	Japanladas
MARYERSH	Filed A	126 6 , 19/		n vuz	REGISTRAR.

STATE OF MICHIGAN STATE OF STA	STATE OF MICHIGAN TO BOATS
County of Washtuan 30 080038	RECORD OF BIRTH
Township of Lylvan Village of Chrlsra	Registered No. 26
City of (No,	OM) St.; Ward
OF CHILD Maria Helen	Suschins (4) {If child is not yet named, make supplemental report, as directed
Sex of Hemale Twin, triplet, 40 and Number in order of birth	Legitimate? Mes Date of DEC 8 1965 (Month) (Day) (Year)
albert Guschinsky.	FULL MOTHER MAIDEN NAME Hrances Hrarl
Christa mich	RESIDENCE Ohrlera Mich
OR RACE White BIRTHDAY 19 (Years)	OR RACE White AGE AT LAST 27
BIRTHPLACE of rance	BIRTHPLACE Paland
automoble assembler	occupation at home
Number of child of this mother Third	Number of children, of this mother, now living ONE
CERTIFICATE OF ATTENDIN	NG 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 instructions on back. (Signature)	andros Gulde
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address C	9 1015 ym Sit
REGISTRAR.	AEGISTRAR.

County of Wast	CHICAGO TO	RECORD D	RECO	RD OF BIRTH	county of 227 to April 1
Township of Village of Ry	luce			R	egistered No. 27
City of		No			St.;War
FULL NAME OF CHILD	u II]	G	Tillmore		If child is not yet named, ma
Sex of child Male	Twin, triplet, or other?	and { Number in order of birth	Legiti- 710	Date of Birth (Mo	(Day) 19/0
FULL Yester	FATHER 2. C. S.	llmor	FULL MAIDEN NAME	ase g	Ewis
RESIDENCE Our	lora m	rich	RESIDENCE	I heler	mich
OR RACE white	AGE AT L BIRTHD		COLOR OR RACE	uto	AGE AT LAST 24 BIRTHDAY (Years)
BIRTHPLACE VINES	estor Co	mich	BIRTHPLACE	milfor	I mich
OCCUPATION	9 abour	V HOITAGE	OCCUPATION	House	wife
Number of child of thi	s mother Thurs	1	Number of children,	of this mother, now livi	18 Thre
	CERTIFICAT	TE OF ATTE	NDING PHYSICIAL	N OR MIDWIF	E*
I hereby certify the	at I attended the b	irth of above o	hild, and that it occu	rred on Dec	16, 1915, at 12 m.
*When there was no or midwife, then the etc., should make t structions on back.	attending physician father, householder	n) (Signatur	(e) 9 10 U). Paln	ur M.D.
Given or christian supplemental report-	dist	. a	Chelse	(Attending physi	cian, midwife, father, etc.*)

PLACE OF BIRTH HOLD TO 37	ATS STATE OF MICHIGANS TO STATE
County of Wachtraw	Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of	- Acres Town
Village of Chrlica	Registered No. 28
City of (No.	
OF CHILD	ancer [If child is not yet named, make supplemental report, as directed.
Sex of child Malk triplet, or other? and {Number in order of birth	Legiti- Mate of Dec 17 19/15 (Month) (Day) (Year)
FULL FATHER ED MITTLE N. Dance	FULL MAIDEN NAME COICA L. Nutton
RESIDENCE Chrlora Mi	ch Chrlsra mich
or race white AGE AT LAST 3 (COLOR OR RACE White BIRTHDAY 30 (Years)
Sima Tp. much	BIRTHPLACE Pranceseo mich
occupation Fi armer	Source wife
Number of child of this mother Flourth	Number of children, of this mother, now living four
CERTIFICATE OF AT	TENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of abo	ve child, and that it occurred on Occ 17, 19/5, at 2 a. M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	ature) G. W. Palurr
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Addr	Accept the Cost
Filed REGISTRAR.	1910 Jeff. OELZ

PLACE OF BIRTH

STATE OF MICHIGAN

STATE OF MICHIGAN partment of StateDivision of Vital Statistics
RECORD OF BIRTH Registered No.
lling [If child is not yet named, male supplemental report, as directed]
Lightings Date of Jan 3 19/6 (Month) (Day) (Yea
PULL MAIDEN NAME Martha W Mc. Mughton RESIDENCE COLOR OR RACE White BIRTHPLACE Cauada OCCUPATION LEVER CAUADA Number of children, of this mother, now living
ing Physician or Midwife* Id, and that it occurred on Jew 3, 1916, at 6A. No. If W. Polius. (Attending physician, midwife, father, etc.*) Oliclare Mich 3, 1965 J.M. Sutz
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PLACE OF BIRTH HOLD TO STATE	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Washtwaw	RECORD OF BIRTH
Township of Or Chulsta Village of Chulsta	Registered No. 2
City of	,St;Ward
FULL NAME OF CHILD	Fowe [If child is not yet named, mak supplemental report, as directed
Sex of triplet, or other? and {Number in order of birth	Legilimate? 40 Date of January 23, 19 (Month) (Month) (Year
FATHER Thomas H. Howa	MOTHER MOTHER ALICE T.M. MC Guirr
RESIDENCE Quelses Mich	RESIDENCE Chilsea ACMEDIA
OR RACE White AGE AT LAST 40 BIRTHDAY (Years)	color or race white Age at Last 38 BIRTHDAY (Years)
10 aterlos Mich	Dester To. Mich
OCCUPATION & about	occupation fouse wife
Number of child of this mother	Number of children, of this mother, now living. Eight
CERTIFICATE OF ATTEN	NDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above c	child, and that it occurred on fare 23, 19/4, 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. (Signatur	re) S.W. Palmer
Given or christian name added from a supplemental report 19. Address	Aulora Mulling physician, midwife, father, etc.*)
Filed 4	an 27 106 G. M. Sritz
REGISTRAR.	MAATRION REGISTAR.

PLACE OF BIRTH HOLD OF STATE	STATE OF MICHIGAN rtment of StateDivision of Vital Statistics
County of Washingu to agoods	RECORD OF BIRTH
Township of O har lake a	Registered No. 3
Village of Walker Or City of (No,	St.;Ward)
FULL NAME	Spler {If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, or other? and Number in order of birth	legitimate? yes Birth January, 24, 1916 (Month) (Your) (Year)
PULL FATHER AME A Same Esteler	HAIDEN MOTHER Schwider
RESIDENCE Chelses Mich	RESIDENCE Phelser mich
COLOR OR RACE White BIRTHDAY (Years)	OR RACE white BIRTHDAY (Years)
BIRTHPLACE of Ermany.	BIRTHPLACE of ever any.
OCCUPATION Butchish	occupation found wife
Number of child of this mother fifth	Number of children, of this mother, now living four
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child	, and that it occurred on 14, 196, 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)	12119/6 Dalmar
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address Filed Lau	27 rd6 9. m. Sit,
REGISTRAR.	MEGISTRAR.

County of Was	ettuan	RECORD OF	RE	CORD OF BIRTH	to April
Township of Or Willage of Or W	ulsra			R	egistered No. 4
City of		(No	,		St.;Wa
FULL NAME OF CHILD	Troy	Atti	/ Kaut	Churr	{ If child is not yet named, n supplemental report, as direct
Sex of child Melk	Twin, triplet, or other?	and { Number in order of birth	Legiti- mate?	Date of H	(Day) 19/
FULL Aohu	Kantl	rhurr	FULL MAIDEN NAME	Walindy	Friscart
RESIDENCE	hulsra	m.	RESIDENCE	Ohrlar	a m.
OR RACE white		14 1	COLOR OR RACE	white	AGE AT LAST 39 (Years)
BIRTHPLACE	helse	C NOAJA	BIRTHPLACE	Ohi	O BOALMHT
OCCUPATION O	expant	Ku MOTAN	OCCUPATION	moure	CUPATION
Number of child of	this mother The	ird	Number of chil	dren, of this mother, now livi	18 There
The VAL.	CERTIFIC	CATE OF ATTE	NDING PHYSIC	IAN OR MIDWIF	E*
I hereby certify t	hat I attended th	e birth of above o	child, and that it o	courred on II Co	4, 19/6, at 6 a
*When there was or midwife, then the etc., should make structions on back.	e father, househol this return. See	der. (Signatu			When there was con-
Given or christia	n name added fr	rom a	Pleo.	(Attending physical	cian, midwife, father, etc.*)
		 Address 	1 TOTAL	CY IL	III III

County of Washtraw Dep	STATE OF MICHI	Vital Statistics
Township of Orllage of Chylsus		Registered No.
FULL NAME GERALD FROM	terBussel	St;Ward) [If child is not yet named, make supplemental report, as directed.
Sex of triplet, triplet, or other? Surgh and {Number in order of birth	mate? 3/3 Birth 7	Month) (Day) (Year)
FULL PATHER RESIDENCE RESIDENCE RESIDENCE	MAIDEN	HER JAMAN HONOLOGICAL MANAGEMENT AND
COLOR OR RACE While AGE AT LAST 43 BIRTHDAY (Years)	Color or RACE white	AGE AT LAST 3 COMPANY (Years)
OCCUPATION Watchwar MOTATUS	OCCUPATION HOUSE	gan BANHARE WITH WITH WITH WITH WITH WITH WITH WITH
Number of child of this mother 3	Number of children, of this mother, now	living Three
I hereby certify that I attended the birth of above child *When there was no attending physician or midwire, then the father, householder, etc., should make this return. See instructions on back. Given or christian name added from a supplemental report 19 Address Filed Fig.	L.l. 13u	619, 1916, at 9 9, M. Secan rician, midwife, father, etc.*)
REGISTRAR.	. Hentelban	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,

Country of Washing Dep	STATE OF MICHIGAN TO MOATE DATE OF STATE OF MICHIGAN TO MOATE DATE OF STATE OF MICHIGAN TO MOATE OF STATE OF STATE OF MICHIGAN TO MOATE OF STATE OF
County of Washington On One	RECORD OF BIRTH
Township of or Village of Ohelsen	Registered No. 106 1003
	St;Ward
FULL NAME Margret Mar	thu I lass [If child is not yet named, ma supplemental report, as directed
Sex of triplet, triplet, or other? and {Number in order of birth	Legiti- yes Birth File , 27 , 19' (Month) (Day) (Yes
FATHER Joseph Glass	
RESIDENCE Parlsea,	RESIDENCE Chulsun
or race white Age at Last 3 6 (Years)	OR RACE White AGE AT LAST 3 2 BIRTHDAY (Years)
austria fragina	austria Hungam
OCCUPATION Paintre	occupation mour
Number of child of this mother Fresth	Number of children, of this mother, now living
CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child	d, and that it occurred on FIEU 27, 1916, at 4.30
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature)	Julisile Phurium
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report	mel 2 106 G.M. Sretz
REGISTRAR.	negistran.

TATE OF MICHIBERTS TO STALE	STATE OF MICHIGAN TO BOALT
County of Washtuan	RECORD OF BIRTH
Township of	
Village of Chrlsta	Registered No.
City of (No	St.; Ward)
OF CHILD Jaseph am	bross Daryen (If child is not yet named make
Sex of Malk Twin, 170 and Number triplet, or other?	Legiti- Masch , J - , 186 (Month) (Day) (Year)
NAME 1	FULL MOTHER MAIDEN NAME Was The O Hathara
RESIDENCE Ohrlsen mich	RESIDENCE Philsee mich
or race white Age at Last 3/	COLOR OR RACE White BIRTHDAY (Years)
Marrion Mich	BIRTHPLACE Sylvan Thomas C. 2M
Machinist Machinist	occupation at home
Number of child of this mother	Number of children, of this mother, now living.
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above of	nild, and that it occurred on Musch J, 19/6, at 2.3 0 AM.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature Dated III)	are should quake this return, See Ju-
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address	e wire much
Filed Filed	, 19

PLACE OF BIRTH HOLM TO 3	STATE OF MICHIGA Department of State-Division of Vital	
County of Washtun	RECORD OF BIRTH	County of
Township of Village of Chulse	Regis	tered No. loggilly
City of (No		St.;Ward
FULL NAME OF CHILD	mercer	If child is not yet named, mak supplemental report, as directed
Sex of Twin, triplet, or other?	Legitimate? Mark Birth Mark (Month)	4 , 8 , 19 6 (Year
FULL FATHER NAME FOR THE PROPERTY OF THE PROP	FULL MOTHER MOTHER NAME CORLYN TO	Ruler
color or race white Age at Last 2 BIRTHDAY 2	color or RACE white	GE AT LAST 24 BIRTHD AY (Years)
BIRTHPLACE Dans tilla mil	a BIRTHPLACE DELETER	mich
OCCUPATION Machinest	OCCUPATION HOUSE W	of MONTAGED IN
Number of child of this mother first	Number of children, of this mother, now living-	our
CERTIFICATE OF A	TTENDING PHYSICIAN OR MIDWIFE*	, 196, at 7.30PM
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See in-	nature) YEO W. Palins	*When there was selvere, should make this structions on back.
Given or christian name added from a		midwife, father, etc.*)
supplemental report19 Add	ress Carline Mic	
***************************************	d, 19	REGISTRAR.
-AARTEIDAR REGISTRAR.	RATTE VIR	needs in An.

PLACE OF BIRTH IHOIM TO			CHIGAN TO ES	VI.
County of Mashtania	FORTH TO Depart	nent of StateDivision	The result of the first of the	lounty of
Township of Sylvan Village of Shelsing			Registered No	9
or \		- 70"	dett	10
FULL NAME THE CO	1. Du	nson	St; [If child is not y supplemental re	vet named, mal
		Legiti- mate? Birti	in March	19.6
FATHER SAME	PERCHANT	FULL MAIDEN NAME Todis	h dist	n
RESIDENCE Shelara Mr	ich.	RESIDENCE	lara	рилана
OR RACE White BIRTHDAY		OR RACE while	AGE AT LAST BIRTHDAY	3 4 (Tears)
BIRTHPLACE Indiana	SOAPHTRIS	BIRTHPLACE IN	diani	MINHPLACE
OCCUPATION	BCCUPATION / S	OCCUPATION	111 Much	осигалон
Number of child of this mother Thur	Number of children	Number of children, of this mot	her, now living have	a nadmail,
CERTIFICATE I hereby certify that I attended the birth		PHYSICIAN OR M	7/1 -01 11	DA N
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	(Signature)	Cles 10	falmer hissie	*When the
Given or christian name added from a		(Aug	nding Daysician, midwife, father, et	Given c(*.
supplemental report 19	Address	a file	a men	
Control of the Contro	Filed Mou	21,196	Mylun	
REGISTRAR.			TRI GROUPS	REGISTRAR.

Township of Village of Or City of (No. St.; Ward) FULL NAME OF CHILD (Septimental report, as directed.) Sex of Twin, triplet, triplet, or other? and shirth mate? (Month) (Day) (Year) FULL NAME FATHER MAIDEN NAME RESIDENCE RESIDENCE (Month) (Day) REGISTER OF BIRTH Registered No. (No. St.; Ward) FULL NAME (Mumber in order of birth mate? (Month) (Day) (Year) FULL MAIDEN NAME (Month) (Day) (Year) RESIDENCE (Month) (Day) (Year) RESIDENCE (Month) (Day) (Year)	TATE OF MICHIETRIE TO STATE	STATE OF MICHIGANIA TO STATE
RESIDENCE 9 6 Author M Direction COLOR OR RACE BIRTHDAY (YEars) BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and thatit occurred on midwife, then the father, householder, etc., should make this return. See instructions on back. Given or christian name added from a supplemental report 19 Addreas Filed 19 Addreas Filed 19 Addreas Filed 19 Addreas Filed 19 AGE AT LAST BIRTHPLACE OCCUPATION AGE AT LAST BIRTHPLACE OCCUPATION OCCUPATION AGE AT LAST BIRTHPLACE OCCUPATION OCCUPATIO	County of Alland Landy	RECORD OF BIRTH
RESIDENCE 9 6 Author M Direction COLOR OR RACE BIRTHDAY (YEars) BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and thatit occurred on midwife, then the father, householder, etc., should make this return. See instructions on back. Given or christian name added from a supplemental report 19 Addreas Filed 19 Addreas Filed 19 Addreas Filed 19 Addreas Filed 19 AGE AT LAST BIRTHPLACE OCCUPATION AGE AT LAST BIRTHPLACE OCCUPATION OCCUPATION AGE AT LAST BIRTHPLACE OCCUPATION OCCUPATIO	Village of Muse A	Registered No.
RESIDENCE 9 6 Author M Direction COLOR OR RACE BIRTHDAY (YEars) BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and thatit occurred on midwife, then the father, householder, etc., should make this return. See instructions on back. Given or christian name added from a supplemental report 19 Addreas Filed 19 Addreas Filed 19 Addreas Filed 19 Addreas Filed 19 AGE AT LAST BIRTHPLACE OCCUPATION AGE AT LAST BIRTHPLACE OCCUPATION OCCUPATION AGE AT LAST BIRTHPLACE OCCUPATION OCCUPATIO	FULL NAME OF CHILD	St.; Ward) (If child is not yet named, make supplemental report, as directed.
RESIDENCE 9 6 Author M Direction COLOR OR RACE BIRTHDAY (YEars) BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and thatit occurred on midwife, then the father, householder, etc., should make this return. See instructions on back. Given or christian name added from a supplemental report 19 Addreas Filed 19 Addreas Filed 19 Addreas Filed 19 Addreas Filed 19 AGE AT LAST BIRTHPLACE OCCUPATION AGE AT LAST BIRTHPLACE OCCUPATION OCCUPATION AGE AT LAST BIRTHPLACE OCCUPATION OCCUPATIO	triplet, and in order	Date of Man Day (Year)
BIRTHPLACE BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and thatit occurred on Midwife, then the father, householder, etc., should make this return. See instructions on back. Given or christian name added from a supplemental report 19 Address Filed 19 CRACE (Years) BIRTHPLACE CYCATS COCCUPATION OCCUPATION OCCUPATI	NAME X A ALL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
BIRTHPLACE BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and thatit occurred on Midwife, then the father, householder, etc., should make this return. See instructions on back. Given or christian name added from a supplemental report 19 Address Filed 19 CRACE (Years) BIRTHPLACE CYCATS COCCUPATION OCCUPATION OCCUPATI	986 Duboris St Detroit	A RESIDENCE Thelsea Mich.
Number of child of this mother. Number of child of this mother. Number of children, of this mother, now living.	OR BACE BIRTHDAY	
Number of child of this mother. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and thatit occurred on Midwife, then the father, householder, etc., should make this return. See instructions on back. Given or christian name added from a supplemental report 19 Address Filed 19	Halrock Open	BIRTHPLACE SELECTION BELLEVILLE B
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child, and that it occurred on Midwife, at M. Sometimes 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 Address Filed 19 Filed 19	Jaborer Jaborer	Journal
I hereby certify that I attended the birth of above child, and that it occurred on 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 Address Filed 19 Filed 19	Number of child of this mother.	
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 Address Filed 19 Filed 19	The second of the second of	alld, and that it occurred on Man 25, 196, at 16, M.
supplemental report 19 Address Filed 19	or midwife, then the father, householder, etc., should make this return. See instructions on back.	
Filed 19 Whancele	Given or christian name added from a	nulla no victa
	Buppiemental report	19 Whanels

PLACE OF BIRTH

STATE OF MICHIGAN

County of Washtenned 10 GROSSE Department	STATE OF MICHIGAN rtment of State—Division of Vital Statistics RECORD OF BIRTH
Township of Village of Chelsus	Registered No. 13
City of (No,	St; Ward
OF CHILD Mary Buranski	No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sex of Acual Twin, triplet, or other?	Legitimate? Date of Date of 19.16 19.1
Michael Buranskie	RESIDENCE AND MOTHER MANY
The state of the s	Shelara mich
COLOR OR RACE White BIRTHDAY (Years)	COLOR OR RACE While AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Custria Poland	BIRTHPLACE Westria Palank
occupation Laborer	Housewif Horasum
Number of child of this mother Hunaf	Number of children, of this mother, now fiving
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of above child,	ng Physician or Midwife*
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature) Dated	Linge W. Polmer Mgh
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address Piled	VITUS WRDanilo
REGISTRAR.	REGISTRAR.

		each,
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	WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD.	N. BIn case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each,
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PLACE OF BIRTH HOLM TO HTAT	STATE OF MICHIGAN COMPANY STATE OF MICHIGAN COMPANY STATES OF STAT
County of Mashlingue	RECORD OF BIRTH
Township of Aulaca	Registered No.
City of (No	St.; Ward
FULL NAME OF CHILD GEOGRAPHICA FRANCISCO	(If child is not yet named, make supplemental report, as directed
	Legitimate? (Month) Date of (Month) (Day) 19 (Year)
FULL NAME PLANTER Jan Riper	
RESIDENCE Pulsea MONGOIR	Philain Mica
COLOR OR RACE While (Years)	COLOR OR RACE AGE AT LAST SAME BIRTHDAY
BIRTHPLACE Much	BIRTHPLACE Mich.
OCCUPATION AND HOSTARDS	Housewife HOSTARUDOD
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTEN	nding Physician or Midwife.
(*When there was no attending physician)	1/819/6 - Bysicin
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report	2012/196 W.P. Daniel
REGISTRAR.	REGISTRAR.

STATE OF MICH STATE OF MICH STATE	STATE OF MICHIGAN TO HOALIST
County of County	RECORD OF BIRTH
Township of Or Day and Hand	Registered No.
Village of All	Villageof
City of (No,	St.; Ward)
OF CHILD Vases Rosenth	{ If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, triplet, or other? Sung and (Number in order of birth	Legilimate? (Month) (Day) (Year)
PULL PATHER MEDIAN ASINTHAL	MOTHER MOTHER MAN
RESIDENCE Chelsea	RESIDENCE Chilsea (33/430183H
OR RACE WALL AGE AT LAST HIRTHDAY. (Years)	OR RACE WILL BIRTHDAY (Years)
BIRTHPLACE Minuair	BIRTHPLACE MERSEL STATEMENT STATEMEN
OCCUPATION Murchail	OCCUPATION Houserfife.
Number of child of this mother.	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIX	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child,	and that it occurred on Man, 19, 196, at 3 M.
*When there was no attending physician or midwire, then the father, householder, etc., should make this return. See instructions on back. (Signature)	Stalle Physician
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address Filed John	1.28 M/ W/Daniels
REGISTRAR.	REGISTRAR.

Township of or Village of Or Children, of this mother, now living. Township of Or Child Or Children, of this mother, now living. Williage of Or Child Or Children, of this mother, now living. Township of Children, of this mother, now living. Registered No. A	Townsol Village of	Registered No			
Village of City of (No. St.; C		Troproces Troim		m.	01/1
City of St.; FULL NAME OF CHILD Sex of Child Male. Twin, triplet, or other? and for other? and for other? Twin, triplet, or other? and for other? The state of birth mate?	10			ear	
FULL NAME OF CHILD Sex of Child Malc. Twin, triplet, or other? FATHER NAME Arable COLOR OR RACE BIRTHPLACE Date of Birth (Month) (Day RESIDENCE COCCUPATION MOTHER AGE AT LAST BIRTHPLACE BIRTHPLACE DOCCUPATION MOTHER AGE AT LAST BIRTHPLACE BIRTHPLACE COCCUPATION MOTHER AGE AT LAST BIRTHPLACE BIRTHPLACE COCCUPATION MOTHER AGE AT LAST BIRTHPLACE COCCUPATION MOTHER MOTHER BIRTHPLACE BIRTHPLACE COCCUPATION MOTHER AGE AT LAST BIRTHPLACE COCCUPATION MOTHER MOTHER BIRTHPLACE COCCUPATION MOTHER AGE AT LAST BIRTHPLACE	War	St.;		(No,	or
Sex of child Mall. triplet, or other? and in order of birth fust mate? Its Birth (Month) (Day FULL MAIDEN MAIDEN MAME NAME NAME NAME NAME NAME NAME NA	et named, ma	{ If child is not supplemental:	Battle	Wian Masswells	FULL NAME
RESIDENCE COLOR OR RACE BIRTHPLACE DIRECTION OCCUPATION MAIDEN NAME MAIDEN NA	19/(Yes	May 8		tiplet, and in order	
COLOR OR RACE BIRTHDAY COLOR OR RACE BIRTHDAY COLOR OR RACE COLOR OR RACE BIRTHDAY BIRTHDAY COLOR OR RACE COLOR OR RACE BIRTHDAY BIRTHDAY COLOR OR RACE COLOR OR RACE COLOR OR RACE BIRTHDAY COLOR OR RACE COLOR OR RACE COLOR OR RACE COLOR OR RACE DISTRIBUTION COLOR OR RACE COLOR OR RACE COLOR OR RACE DISTRIBUTION COLOR OR RACE COLOR OR RACE COLOR OR RACE DISTRIBUTION COLOR OR RACE	ner	in Con	MAIDEN NAME Karhele	MAIDEN	
OCCUPATION SIRTHDAY OCCUPATION SIRTHDAY OCCUPATION SIRTHDAY OCCUPATION SIRTHDAY OCCUPATION OCCUPATION SIRTHDAY SIRTHDAY OCCUPATION SIRTHDAY SIRTHDAY OCCUPATION SIRTHDAY OCCUPATION SIRTHDAY OCCUPATION SIRTHDAY SIRTHDAY OCCUPATION SIRTHDAY SIRTHDAY OCCUPATION SIRTHDAY SIRTHDAY OCCUPATION SIRTHDAY OCCUPATION SIRTHDAY SIRTHDAY OCCUPATION SIRTHDAY SIRTHDAY SIRTHDAY SIRTHDAY SIRTHDAY OCCUPATION SIRTHDAY SIRTHDAY SIRTHDAY SIRTHDAY SIRTHDAY SIRTHDAY SIRTHDAY SIRTHDAY	помаюнан	ica.	Chel	eleca .	RESIDENCE
OCCUPATION Shopworker OCCUPATION Houserwife	(Years)		OR RACE while	BIRTHDAY	
Shopworker Housewife	ВОАЗЧИТИ	Musile.	Much	mich BOADHITAID	BIRTHPLACE
Number of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of this mother, now living the name of children, of the name of chil	MOITAMUDD	uservij	OCCUPATION Ha	worker	OCCUPATION Shape
Number of Child Of Lines mother		now living tubo.	Number of children, of this mother,	other two	Number of child of this
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	- 10	WIFE*	G PHYSICIAN OR MII	CERTIFICATE OF ATTENDI	1
I hereby certify that I attended the birth of above child, and that it occurred on 10, 196, a	at	ay 8, 196,	and that it occurred on	I attended the birth of above child	I hereby certify that
When there was no attending physician or midwife, then the father, householder, See life.	WK)	fliner,	Gro. W. M.	ttending physician (Signature)	When there was no
structions on back.	structions o		19 6 (Attendi	Dated Dated	structions on back.
Given or christian name added from a		STATE OF THE PERSON	0/1 20	ame added from a	Given or christian

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

PLACE OF BIRTH HOIM TO		OF MICHIGAN TO TO A TO
County of Management	DOSA RECO	ORD OF BIRTH
Township of Village of Village of		Registered No.
or		10
City of (No		St.;Ward)
OF CHILD Dara Got	estra Scrip	[If child is not yet named, make supplemental report, as directed.
triplet. and in	umber Legiti- norder mate?	Date of May (Day) 19-(Year)
FULL FATHER WILL Serephier	HEGIAM MAIDEN NAME	ula Eldridge
RESIDENCE	BOHOLESH RESIDENCE	Chelseac
OR RACE While AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST 26 (Years)
BIRTHPLACE MESULVock	BIRTHPLACE	new york.
OCCUPATION Pallroad	OCCUPATION	Housewife
Number of child of this mother4	Number of childre	en, of this mother, now living
the same of the	OF ATTENDING PHYSICIA	1:00
I hereby certify that I attended the birth	of above child, and that it occ	curred on 19—, at M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	(Signature)	physician
Given or christian name added from a	N' R P'	(Attending physician, midwife, father, etc.*)
supplemental report19	Address	W O O
The State St	Filed May 11, 19/	REGISTRAR.

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County of Washlinau	Department of S	ECORD OF BIRTH
Township of Julian Mich		Registered No.
City of	Го.	St.;Ward
PULL NAME OF CHILD	Grulde	{ If child is not yet named, mak supplemental report, as directed
Sex of triplet, or other?	Kumber In order Legitimate?	Birth May (Day) 19/6
FULL FATHER MAME Androne Garage	edd Full MATDEN NAME	Eunice Ma Jades
RESIDENCE Chelseau I	mich RESIDENCE	Chilera mush
COLOR OR RACE White BIRTHDA		while BIRTHDAY (Years)
BIRTHPLACE Chelana	DEPARTURE BIRTHPLACE	anna antario
OCCUPATION Pacticin	a medicine	N Housewell
Number of child of this mother	Number of chi	ildren, of this mother, now living
CERTIFICATI	E OF ATTENDING PHYSIC	CIAN OR MIDWIFE*
I hereby certify that I attended the bir	th of above child, and that it c	occurred on May 1, 19/2, at 5.55 /
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	(Signature) Dated May 696	ndrous Sould make this return, 800 In-
Given or christian name added from	a h	(Attending physician, midwife, father, etc.*)
supplemental report19	Address Mulle	16 MAN Carrell.
	Filed 1	9.6 REGISTRAR.

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

REGISTRAR.

PLACE OF BIRTH HOTIVIT - at at 8 to Der	partment of StateDivision of Vital Statistics
County of Manuary 0 090339	RECORD OF BIRTH
Township of O	Registered No. 69
Village of Allaca	Village of parallel
City of	St.; Ward)
OF CHILD Davis Maril	If child is not yet named, make supplemental report, as directed.
Sex of triplet, or other? Lung (Number in order of birth	Legitimate? Date of Birth (Month) (Day), 19
FULL NAME Harold Conf	MAIDEN S SHAR
RESIDENCE Chilsea	RESIDENCE Chelsea.
COLOR OR RACE White BIRTHDAY 25 (Years)	- COLOR - ACCAL END.
BIRTHPLACE	BIRTHPLACE MICh.
OCCUPATION Laborer MOTTAGLION	OCCUPATION Sauscurife
Number of child of this mother	Number of children, of this mother, now Hving
CERTIFICATE OF ATTENI	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above chi	ld, and that it occurred on May 1, 196, at M.
When there was no attending physician or midwife, then the father, householder, etc., should make this return. See in-	The state of the s
structions on back. Dated	19/6 Million Million Million State Market
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address	A CLARA
Tuta M	au 12 roll Willann

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,

	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of NYSIA 30 080038	RECORD OF BIRTH to winner
Township of Or Village of Mulicipal	Registered No.
City of (No,	St.; Ward
FULL NAME Amos Bull	(If child is not yet named, mak supplemental report, as directed
Sex of triplet, triplet, or other? and { Number in order of birth	Legilimate? 900 Birth May (Month) (Day) (Year
	FULL MOTHER MOTHER MAIDEN NAME MANY Cuchis
RESIDENCE Chelsea.	RESIDENCE Publica
	OR RACE White BIRTHDAY. (Years)
BIRTHPLACE Much	BIRTHPLACE Much
Dabour HOITAGE	OCCUPATION Homewife
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTEM	NDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above c	hild, and that it occurred on May 19 , at M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature Dated	e) Bush Physician
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19. Address	Milaca.
Filed Filed	May 12, 19.6 MAN and REGISTRAR.

TATE OF MICHIGAN Statistics of	STATE (OF MICHIO		ALIM
County of All Sansa to GROSSE		RD OF BIRTH	Acres William	County of
Township of or Village of			Registered No.	Towns VIII
City of (No,		.oW)	St.;	Ward)
OP CHILD	under	- (A) R-	If child is not y supplemental re	et named, make port, as directed
	Legiti- mate?	Date of Birth	(Da	y) 19 (Year)
	FULL MAIDEN NAME	Rash	McDus	J.JUNAN MANIE
RESIDENCE Chelsia	RESIDENCE	Ch	clara	NESIDENCE
OR RACE While AGE AT LAST BIRTHDAY(Years)	COLOR OR RACE	Thile	AGE AT LAST BIRTHD AY	(Years)
BIRTHPLACE and STAPH	BIRTHPLACE	Mort	hville,	Mich
Section D.U.R.	OCCUPATION	Haves	rewefo	OCCUPATION
Number of child of this mother	Number of children	n, of this mother, now	living Harr	
CERTIFICATE OF ATTEN	DING PHYSICIA	N OR MIDWI	FE.	
I hereby certify that I attended the birth of above cl	hild, and that it occ	urred on	1/2,196,	12/0M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back. (Signature Dated	marke H	aco	fould	eto, should
Given or christian name added from a	101	(Attending ph	ysician, midwife, father, e	tc.*)
supplemental report 19 Address	Chelesa V	()	Plan	ul
Filed.	, 19	ARGUETANA.	- American Marian	REGISTRAR.

REGISTRAR.

	each,
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	N. BIn case of more than one child at a birth, a SEFARATE RETURN must be made for each, and the number of each,
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	M. B.

County of	numar	RECORD OF		ORD OF BIRTH	Vital Statistics	County of
Township of or Village of	ne .			K	Registered No.	2 anwo'T
City of		(No,	tu,		{ If child is not supplemental re	yet named, mal
Sex of child male	Twin, triplet, or other?	and { Number in order of birth	Legiti- mate? //LS?	Date of Birth	Mogth) (Di	9 19/(Yen
FULL NAME Fredrice	FATHER	\$139	FULL MAIDEN NAME	Pussa.	Gritzne	SEAN SERVICE
RESIDENCE Che	lein	MONRY	RESIDENCE	Chil	se ha	2 DHEBRICES
COLOR OR RACE		AT LAST 30 (Years)	COLOR OR RACE	hilo	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	an Tr	unship	BIRTHPLACE	lack	em	полинтип
OCCUPATION Inh	olster	moran.	OCCUPATION	House	wife	ROTARUDO
Number of child of th	is mother	Uh	Number of childre	en, of this mother, now	living fins	
FAMILIAN.	CERTIFI	CATE OF ATTE	NDING PHYSICIA	AN OR MIDW	IFE*	
I hereby certify th	at I attended t	he birth of above o	child, and that it occ	curred on 5	19/6,	at// SAN
When there was n or midwife, then the etc., should make structions on back.	father, househo	older. (Signatur	1. 11	Ma	mades this roture is largely.	100
Given or christian	name added	from a	Nhila	(Attending p	hysician, midwife, father, e	(Hyon Chat
	The second second	19 Address	UMANA	111000		

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

STATE OF MICHIETRIE STATE	STATE OF MICHIGAN TO HOALT
County of Hashling Depart	rtment of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Village of Village of	Registered No. 23
FULL NAME	ON) St; Ward)
OF CHILD NORTH	{ If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, or other?	Legitimate? Date of Birth (Year) (Year)
PATHER LOBIN Chopley	FULL MAIDEN MOTHER JAMAN HALE
RESIDENCE	RESIDENCE Chelsea HOMBGREEN
COLOR OR RACE WHILE SIRTHDAY (Years)	COLOR OR RACE VACHYRIB AGE AT LAST 2/0300 (Years)
BIRTHPLACE Gustria Hungaria	BIRTHPLACE Questina Humania
OCCUPATION Laborer MOTTAMUSSO	OCCUPATION HOLLEWISE MOLTARUDDO
Number of child of this mother Feesh	Number of children, of this mother, now living
F 110 - 11 1152	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child,	and that it occurred on May 3, 19 , at 6 M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	Junge It Palmer Mis
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19 Address	newageen
Piled Ma	429, 19 S ANDancels

	each.
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WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD.	R. B In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each,
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	58.

PLACE OF BIRTH HOLD HOLD TO DO	STATE OF MICHIGAN epartment of StateDivision of Vital Statistics
County of Mahlenast	RECORD OF BIRTH
Township of Chelses Village of Chelses	Registered No. 24
City of (No	St;Ward
FULL NAME Slunn	{ If child is not yet named, mak { supplemental report, as directed
Sex of triplet, triplet, or other? A and { Number in order of birth	Legitimate? Date of (Month) (Day) (Year)
FULL FATHER Caspee W Glima	FULL MOTHER MAJOEN NAME Ethyl Wright
RESIDENCE Chelsen Mich	RESIDENCE Chelaca Mich -
OR RACE while AGE AT LAST BIRTHDAY (Years)	COLOR OR RACE BIRTHDAY (Years)
BIRTHPLACE Unadella mich.	BIRTHPLACE Deviler Journal
occupation HOITARUS	OCCUPATION Forester
Number of child of this mother	Number of children, of this mother, now living.
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above ch	nild, and that it occurred on 6 4 , 19 4 at 5 M
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. See instructions on back.	of Ges Whalmed
Given or christian name added from a	(Attending physician, midwife, father, etc.*)
supplemental report 19. Address	Chillera Mica
Filed REGISTRAR.	19.6 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,

PLACE OF BIRTH HOH TO STATE	STATE OF MICHIGAN TO MALE
County of Wast 10 080038	RECORD OF BIRTH
Township of Village of Chile	Registered No. 25
FULL NAME OF CHILD	St.;Ward) [If child is not yet named, make supplemental report, as directed.
	Legitimate? 45 Birth (Month) (Day) 194 (Year)
PULL PATHER LEVO a She por	MAIDEN MATTER MOTHER MOTHER MAIDEN NAME Bessick Kenyon
RESIDENCE Chlua.	RESIDENCE Cheleso, M. L.
COLOR OR RACE WILL AGE AT LAST 5/ BIRTHDAY (Years)	OR RACE white BIRTHDAY (Yester)
Enthplace Emore Ches	BIRTHPLACE
OCCUPATION Brokeperper	OCCUPATION ROITARUS 30
Number of child of this mother 3 2	Number of children, of this mother, now living Laws
CERTIFICATE OF ATTENT	DING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above ch	ild, and that it occurred on 6, 196 at 7 M.
or midwife, then the father, householder, etc., should make this return. See instructions on back.	etc., should make this yeturn, see in-
Given or christian name added from a	Chel
supplemental report 19 Address	121 WROand
Filede Filede	REGISTRAR.