

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

PUBLIC ACT NO. 330 OF 1905

Village of of *St. Louis*
(Township or Village.)
St. Louis County of *Washington*
From *July 30th*, 1916, to *Feb. 4th*, 1917

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

DO NOT FAIL to return all of the original certificates of birth filed with you to the Secretary of State when making your report of deaths on the FOURTH (4th) day of the following month, said births having occurred in the previous calendar month or months. Births that occur from the first to the fourth days of any month should not be returned on the fourth, but held until the complete month can be returned. As physicians and midwives have five 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 monthly statement card.

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. See instructions on back.

PLACE OF BIRTH

County of Washtenaw
 Township of Phelps
 or
 Village of Phelps
 or
 City of Phelps (No. _____ St., _____ Ward)

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

RECORD OF BIRTH

Registered No. 26FULL NAME
OF CHILDSex of
child

Male

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

Yes

Date of
Birth

June 30, 1916

(Month)

(Day)

(Year)

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

Grover Frye

FATHER

RESIDENCE
(Address)

Ann Arbor

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY

23 (Years)

BIRTHPLACE

Mt Jackson Va

OCCUPATION
(And Industry)

R.R. Man

FULL
MAIDEN
NAME

Ida Haber

RESIDENCE
(Address)

Ann Arbor

COLOR
OR RACE

white

BIRTHPLACE

Bridgwater

OCCUPATION
(And Industry)

Number of child of this mother

first

Number of children, of this mother, now living

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A.M.,
 on the date above stated.

Have eyes of child been treated with
 a prophylaxis solution?

(Signature)

H. H. Schmidt

Dated

June 30, 1916

Address

Phelps

Given or christian name added from a
 supplemental report

191

Filed

July 3, 1916

(Attending physician, midwife, father, etc.)

H. H. Schmidt

REGISTRAR.

PLACE OF BIRTH

County of Washtenaw

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____)

St. _____

Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

{ and {

Number
in order
of birth1stLegiti-
mate?Date of
BirthJuly261916

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Adam HaistRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY45

(Years)

BIRTHPLACE

MichOCCUPATION
(And Industry)Automobile dealer

Number of child of this mother

5FULL
MAIDEN
NAME

MOTHER

Mary ShaibleRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY42

(Years)

BIRTHPLACE

MichOCCUPATION
(And Industry)housewife

Number of children, of this mother, now living

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn.)

Have eyes of child been treated with }
a prophylaxis solution?

(Signature)

S. G. Bush

Dated

7/29/1916

Address

Chelsea

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report

191

Filed

Aug 31 1916W. R. Daniels

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. See instructions on back.

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

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

PLACE OF BIRTH

County of

Township of

or

Village of

or

City of

(No.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

St.,

Ward)

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

July 6

1916

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY27
(Years)COLOR
OR RACEAGE AT LAST
BIRTHDAY27
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION
(And Industry)OCCUPATION
(And Industry)

Number of child of this mother

2nd

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was

July 6

at 4 P. M.,

on the date above stated.

Have eyes of child been treated with
a prophylaxis solution? Yes

(Signature)

Dated 7/29/1916

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report. 191

Address

Filed Aug 4 1916

REGISTRAR.

PLACE OF BIRTH

County of Wash

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____)

St., _____

Ward) _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILDThomas Kent Walworth

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

Sex of
childmaleTwin,
triplet,
or othersingle(Number
in order
of birth)Legiti-
mate?YesDate of
BirthSept 181916

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Thomas Kent WalworthFULL
MAIDEN
NAME

MOTHER

Jean GrovesRESIDENCE
(Address)ChelseaRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY28

(Years)

COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY24

(Years)

BIRTHPLACE

Mich

BIRTHPLACE

MichOCCUPATION
(And Industry)MerchantOCCUPATION
(And Industry)Housewife

Number of child of this mother

1

Number of children, of this mother, now living

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was _____
on the date above stated.Sept 18 16 at 10 A M.,
(Born alive or stillborn.)Have eyes of child been treated with }
a prophylaxis solution? }

(Signature)

Dr. Bush

Dated

Sept 1916

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report191

Address

Filed

Oct 4 1916Chelsea
W. R. Daniels

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. See instructions on back.

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

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

PLACE OF BIRTH

County of Washtenaw

Township of _____

or Village of Chelsea

or City of _____

(No. _____ St. _____ Ward _____)

FULL NAME
OF CHILDGallschläger { If child is not yet named, make supplemental report, as directed.Sex of
childFemaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?YesDate of
BirthOct 5, 1916

(Month) (Day) (Year)

FULL
NAME

FATHER

Martin GotschlingRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY46
(Years)

BIRTHPLACE

Austria HungaryOCCUPATION
(And Industry)Laborer

Number of child of this mother

fourthFULL
MAIDEN
NAME

MOTHER

Maria AuerRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY39
(Years)

BIRTHPLACE

Austria HungaryOCCUPATION
(And Industry)Housewife

Number of children, of this mother, now living

four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 2:25 PM,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Andrews GualdeDated Oct 5 1916

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report. 191

Address

Chelsea

Filed

Nov 3 1916

REGISTRAR.

PLACE OF BIRTH

County of Wash

Township of _____

or
Village of _____or
City of Chelsea (No. _____ St., _____ Ward)FULL NAME
OF CHILDRobert Gunder{ If child is not yet named, make
supplemental report, as directed.Sex of
childmaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?YesDate of
BirthOct 6, 1916
(Month) (Day) (Year)FULL
NAME

FATHER

Clyde GunderRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY31
(Years)

BIRTHPLACE

IndianaOCCUPATION
(And Industry)MachinistFULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY29
(Years)

BIRTHPLACE

MichiganOCCUPATION
(And Industry)

Number of child of this mother

3

Number of children, of this mother, now living

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 7:30 M.,
on the date above stated.Have eyes of child been treated with }
a prophylaxis solution? }

(Signature)

J. H. Woods MDDated: 10/6, 1916

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report.....191

Address

Chelsea

Filed

Nov 3, 1916W. R. Daniel

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. See instructions on back.

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

MARGIN RESERVED FOR BINDING.

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

PLACE OF BIRTH

County of Wash

Township of

or

Village of

or

City of Chelsea

(No.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILDDollRegistered No. 32

St. Ward)

{ If child is not yet named, make
supplemental report, as directed.Sex of
childmaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?yesDate of
BirthOct 16, 1916
(Month) (Day) (Year)FULL
NAMEWill Doll

FATHER

FULL
MAIDEN
NAME

MOTHER

Anna RussellRESIDENCE
(Address)ChelseaRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY40
(Years)COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY42
(Years)

BIRTHPLACE

Mich

BIRTHPLACE

MichOCCUPATION
(And Industry)LaborerOCCUPATION
(And Industry)Housewife

Number of child of this mother

fourth

Number of children, of this mother, now living

four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was

alive at 920 P. M.,
(Born alive or stillborn.)

on the date above stated.

Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Geo W PalmerDated Oct 19 1916

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report. 191Address Chelsea MichFiled Nov 3 1916W R Daniel

REGISTRAR.

PLACE OF BIRTH

County of Wash

Township of

or

Village of

or

City of Chelsea

(No.)

St.

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILDRodger Erving HendersonIf child is not yet named, make
supplemental report, as directed.Sex of
childmaleTwin,
triplet,
or other?

} and {

Number
in order
of birthLegiti-
mate?yes

Date of

Oct 231916

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Otto HendersonRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY98

(Years)

BIRTHPLACE

MichOCCUPATION
(And Industry)Druggist

Number of child of this mother

firstFULL
MAIDEN
NAME

MOTHER

Mildred CookRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY94

(Years)

BIRTHPLACE

MichOCCUPATION
(And Industry)Housewife

Number of children, of this mother, now living

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Oct 23 alive at 10:17 M.,
(Both alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution?

(Signature)

S. G. Bush

Dated

Oct 27 1916

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report

191

Address

Chelsea

Filed

11/3 1916W. R. Daniels

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

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

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. See instructions on back.

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Wash</u>		Department of State—Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>34</u>	
or City of _____		(No. _____ St. _____ Ward _____)	
FULL NAME OF CHILD <u>Joseph H. Muff</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <u>male</u>	Twin, triplet, or other? _____	Legitimate? <u>yes</u>	Date of Birth <u>Oct 9</u> , 191 <u>6</u>
	(Number in order of birth _____)		(Month) (Day) (Year)
FULL NAME <u>Chas. G. Muff</u>	FATHER	FULL MAIDEN NAME <u>Ella Lindley</u>	MOTHER
RESIDENCE (Address) <u>Chelsea</u>		RESIDENCE (Address) <u>Chelsea</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Orange Twp. N.</u>		BIRTHPLACE <u>New Jersey</u>	
OCCUPATION (And Industry) <u>Labourer</u>		OCCUPATION (And Industry) <u>Domestic</u>	
Number of child of this mother <u>4</u>		Number of children, of this mother, now living <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 5 P. M., on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? _____

(Signature) N. W. SchmidtDated Oct 13 1916Address ChelseaFiled 11/3 1916

Given or christian name added from a supplemental report _____ 191 _____

(Attending physician, midwife, father, etc.)

W. P. Daniel

REGISTRAR.

PLACE OF BIRTH

County of

Washington

Township of

or

Village of

or

City of

(No.

St.,

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILD

Female, Bagadon

Registered No.

95

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

Female

Twin,
triplet,
or other?

}

{ Number
in order
of birthLegiti-
mate?

Yes

Date of
Birth

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Samuel H. Bagadon

RESIDENCE
(Address)

Chelsea

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY22
(Years)

BIRTHPLACE

Waltz, Mich

OCCUPATION
(And Industry)

Bar Tender

FULL
MAIDEN
NAME

MOTHER

Lucille Eberts

RESIDENCE
(Address)

Chelsea

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Peru Indiana

OCCUPATION
(And Industry)

Domestic

Number of child of this mother

First

Number of children, of this mother, now living

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn.)

alive at 1 P.M.

Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Andrew Gould

Dated

Feb 14 1916

(Attending physician, midwife, father, etc.)

Address

Chelsea

Filed

11/3 1916

Given or christian name added from a
supplemental report

191

W. R. Davis

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. See instructions on back.

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

MARGIN RESERVED FOR BINDING.

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

PLACE OF BIRTH
County of Washtenaw
Township of _____
or
Village of Chelsea
or
City of _____ (No. _____ St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
FULL NAME OF CHILD Mash (If child is not yet named, make supplemental report, as directed.)

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

Registered No. 36

Sex of child <u>Female</u>	Twin, triplet, or other? <u>Twin</u>	Number in order of birth <u>One</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 6</u> 191 <u>7</u> (Month) (Day) (Year)
FULL NAME <u>Carl J. Mash</u>	FATHER	FULL MAIDEN NAME <u>Ella M. Swenfurth</u>	MOTHER	
RESIDENCE (Address) <u>Chelsea</u>		RESIDENCE (Address) <u>Chelsea Mich</u>		
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	
BIRTHPLACE <u>Germany</u>		BIRTHPLACE <u>Mich</u>		
OCCUPATION (And Industry) <u>Mechanic</u>		OCCUPATION (And Industry) <u>at home</u>		
Number of child of this mother _____		Number of children, of this mother, now living <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 11 30 M.,
(Born alive or stillborn.)
on the date above stated.

Have eyes of child been treated with
a prophylaxis solution?

(Signature) Andrews Goulden

Dated 1/9 1917

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report _____ 1917

Address Chelsea

Filed Jan 8 1917

H. R. Daniels

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 37

County of Washtenaw

Township of _____

or _____

Village of Chelsea

or _____

City of _____

(No. _____ St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILDMax{ If child is not yet named, make
supplemental report, as directed.Sex of
childmaleTwin,
triplet,
or other?Quin

and

Number
in order
of birthFiveLegiti-
mate?Date of
BirthJan 61917FULL
NAME

FATHER

Carl J. MashRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY40
(Years)

BIRTHPLACE

GermanyOCCUPATION
(And Industry)MechanicsFULL
MAIDEN
NAME

MOTHER

Ella M. SwenfeldtRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY33
(Years)

BIRTHPLACE

MichOCCUPATION
(And Industry)at home

Number of child of this mother

Three

Number of children, of this mother, now living

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 11 M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Andrew Gould

Dated

Jan 9 1917

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

Address

Chelsea

Filed

Jan 11 1917W. R. Dant

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. See instructions on back.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH *Wash.*
 County of *Wash.*
 Township of _____
 or
 Village of *Chelsea*
 or
 City of _____ (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of street and number.)
 FULL NAME OF CHILD *Rod* (If child is not yet named, make supplemental report, as directed.)

Sex of child *Female* Twin, triplet, or other? _____ and (Number in order of birth _____) Legitimate? _____ Date of Birth *Jan. 17, 1917*
 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <i>John L. Reed</i>	FULL MAIDEN NAME <i>Madge M. Guston</i>		
RESIDENCE (Address) <i>Chelsea</i>	RESIDENCE (Address) <i>Chelsea</i>		
COLOR OR RACE <i>white</i>	COLOR OR RACE <i>white</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)	AGE AT LAST BIRTHDAY <i>23</i> (Years)
BIRTHPLACE <i>Mich.</i>	BIRTHPLACE <i>Mich.</i>		
OCCUPATION (And Industry) <i>Labourer</i>	OCCUPATION (And Industry) <i>housewife</i>		
Number of child of this mother <i>third</i>	Number of children, of this mother, now living <i>two</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was *alive* at *2:30* P. M.,
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with _____ (Signature) *Geo. W. Palmer*
 a prophylaxis solution? _____ Dated *Jan. 19, 1917*
 (Attending physician, midwife, father, etc.)
 Given or christian name added from a _____ Address *Chelsea Mich.*
 supplemental report _____ 191 _____ Filed *Jan. 20, 1917*
W. R. Daniels
 REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Wash

Township of

or

Village of Chelsea

or

City of

(No. _____)

St., _____

Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No. 39FULL NAME
OF CHILDIgnatius{ If child is not yet named, make
supplemental report, as directed.Sex of
childTwin,
triplet,
or other?

}

and

{ Number
in order
of birthLegiti-
mate?Date of
BirthJan181917

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Ignatius Bordaro
ChelseaRESIDENCE
(Address)COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY 26
(Years)

BIRTHPLACE

ItalyOCCUPATION
(And Industry)Fruit ManFULL
MAIDEN
NAME

MOTHER

Mary Galardi
ChelseaRESIDENCE
(Address)COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY 16
(Years)

BIRTHPLACE

EnglandOCCUPATION
(And Industry)at home

Number of child of this mother

Second

Number of children, of this mother, now living

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive 5:55 M.
(Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution?(Signature) Andrews GouldsDated Jan 20 1917

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 191Address ChelseaFiled Jan 21 1917

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. See instructions on back.

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

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

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

PLACE OF BIRTH
County of Washtenaw
Township of _____
or
Village of Chelsea
or
City of _____ (No. _____ St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
FULL NAME OF CHILD V. D. Samp (If child is not yet named, make supplemental report, as directed.)

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

Registered No. 40

Sex of child <u>male</u>	Twin, triplet, or other? _____	and (Number in order of birth _____)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 21</u> 191 <u>7</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Norman Samp</u>	FULL MAIDEN NAME MOTHER <u>Estes Samp</u>			
RESIDENCE (Address) <u>Chelsea</u>	RESIDENCE (Address) <u>Chelsea</u>			
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	
BIRTHPLACE <u>Detroit</u>	BIRTHPLACE <u>Mich</u>			
OCCUPATION (And Industry) <u>Laborer</u>	OCCUPATION (And Industry) <u>Domestic</u>			
Number of child of this mother <u>6</u>		Number of children, of this mother, now living <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 4 A M., on the date above stated.
(Born alive or stillborn.)

Have eyes of child been treated with _____ (Signature) H. W. Schmidt
a prophylaxis solution? _____ Dated Jan 21 1917
(Attending physician, midwife, father, etc.)

Given or christian name added from a _____ Address Chelsea
supplemental report _____ 1917 Filed Jan 22 1917
REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 6

County of Washington

Township of Sylvan

or

Village of

or

City of Chelsea

(No.

St.,

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILD

Karl Frank Joseph

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

male

Twin,
triplet,
or other?{ Number
in order
of birthLegiti-
mate?Date of
BirthFeb 9, 1917
(Month) (Day) (Year)FULL
NAME

FATHER

John Joseph

RESIDENCE
(Address)

Chelsea

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Austria Hungary

OCCUPATION
(And Industry)

Laborer

FULL
MAIDEN
NAME

MOTHER

Margaret Alber

RESIDENCE
(Address)

Chelsea

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Austria

OCCUPATION
(And Industry)

Number of child of this mother

third

Number of children, of this mother, now living

two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

born alive or stillborn. at 6 P. M.

Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Geo W Palmer

Dated

2/9 1917

(Attending physician, midwife, father, etc.)

Address

Chelsea

Filed

Feb 10 1917

REGISTRAR.

Given or christian name added from a

Supplemental report 191

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. See instructions on back.

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

MARGIN RESERVED FOR ENDORSEMENTS.

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. See instructions on back.

PLACE OF BIRTH

County of

Township of

or

Village of

or

City of

FULL NAME
OF CHILDSex of
childTwin,
triplet,
or other?and (No.
in order
of birth)Legiti-
mate?Date of
Birth

Registered No.

St., Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY32
(Years)COLOR
OR RACEAGE AT LAST
BIRTHDAY9
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION
(And Industry)OCCUPATION
(And Industry)

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 6⁴⁵ PM.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Dated 2/25 1917

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report..... 191.....

Address

Filed 2/25 1917

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of Wash

RECORD OF BIRTH

Registered No. 8

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____ St., _____ Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILD{ If child is not yet named, make
supplemental report, as directed.Sex of
childmaleTwin,
triplet,
or otherNo

and

Number
in order
of birth1Legiti-
mate?yesDate of
BirthMar 30, 1917

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Gio M SeelyRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

MichOCCUPATION
(And Industry)Salloon keeperFULL
MAIDEN
NAME

MOTHER

Prida M. KarlsonRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

GermanyOCCUPATION
(And Industry)at homeNumber of child of this mother 2nd

Number of children, of this mother, now living _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 0334 M.,
(Born alive or stillborn.)
on the date above stated.Have eyes of child been treated with
a prophylaxis solution? _____

(Signature)

Andrew G. GaultDated Mar 3 1917

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

Given or christian name added from a
supplemental report _____ 1917

Address

Filed Apr 4 1917W. K. Dault

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. See instructions on back.

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

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

PLACE OF BIRTH

County of

Township of

or

Village of

or

City of

(No.

St.,

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No.

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

(Month)

(Day)

(Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION
(And Industry)OCCUPATION
(And Industry)

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 4148,
(Born alive or stillborn.)
on the date above stated.

Have eyes of child been treated with
a prophylaxis solution? Yes

(Signature)

Dated 5/10/1917

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 191

Address

Filed Apr 17 1917

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Wash.

RECORD OF BIRTH

Township of _____

Registered No. 10or
Village of Chelseaor
City of _____(No. _____ St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILDRuth Adeline Kreaacher{ If child is not yet named, make
supplemental report, as directed.Sex of
child:FemaleTwin,
triplet,
or other?

{

and {

Number
in order
of birthLegiti-
mate?Date of
BirthApr. 11, 1917FULL
NAME

FATHER

Geo KreaacherFULL
MAIDEN
NAME

MOTHER

Ruth Van HornRESIDENCE
(Address)ChelseaRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY25
(Years)COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Chelsea

BIRTHPLACE

Lima OhioOCCUPATION
(And Industry)MachinistOCCUPATION
(And Industry)At home

Number of child of this mother

First

Number of children, of this mother, now living

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Geo W. Palmer

Dated

4/11/17

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

Given or christian name added from a
supplemental report191

Address

Chelsea

Filed

Apr 11 1917

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. See instructions on back.

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

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

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

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

Registered No. 11

FULL NAME
OF CHILD

Rodgers

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

Sex of
child

Male

Twin,
triplet,
or other?

and (Number
in order
of birth)

Legiti-
mate?

Yes

Date of
Birth

4
(Month)

27
(Day)

1917
(Year)

FULL
NAME

FATHER

Don L. Rodgers

FULL
MAIDEN
NAME

MOTHER

Frances Martin

RESIDENCE
(Address)

Chelsea

RESIDENCE
(Address)

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

36
(Years)

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

35
(Years)

BIRTHPLACE

Stockbridge

BIRTHPLACE

Reading

OCCUPATION
(And Industry)

Book Keeper

OCCUPATION
(And Industry)

Housewife

Number of child of this mother

fifth

Number of children, of this mother, now living

four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 2:45 P. M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Geo. W. Palmer M.D.

Dated

4/3/1917

(Attending physician, midwife, father, etc.)

Address

Chelsea

Given or christian name added from a
supplemental report

191

Filed

4/20/1917

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of *Washtenaw*

Township of

Village of *Chelsea*

City of

Registered No. *12*

(No. _____)

St.; _____

Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(Month) (Day) (Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION
(And Industry)OCCUPATION
(And Industry)

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn.)

at *St. P.* M.,Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Dated *May 22* 191*7*

(Attending physician, midwife, father, etc.)

Address

Given or christian name added from a
supplemental report. 191Filed *May 20* 191*7*

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. See instructions on back.

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

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH
 County of Washtenaw
 Township of _____
 or
 Village of Chelsea
 or
 City of _____ (No. _____ St., _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 13

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

Sex of child male Twin, triplet, or other? _____ and (Number in order of birth _____) Legitimate? Yes Date of Birth June 9, 1917
 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <u>Joseph Reding</u>	FULL MAIDEN NAME <u>Mary Halworth</u>		
RESIDENCE (Address) <u>Jackson Muhl</u>	RESIDENCE (Address) <u>Jackson</u>		
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Lake Linden Mich</u>	BIRTHPLACE <u>Spring Lake</u>		
OCCUPATION (And Industry) <u>Shipping Clerk</u>	OCCUPATION (And Industry) <u>None</u>		

Number of child of this mother _____

Number of children, of this mother, now living _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 M.,
 (Born alive or stillborn.)
 on the date above stated.

Have eyes of child been treated with _____
 a prophylaxis solution? _____

(Signature) Geo. W. PalmerDated 6/11 1917

(Attending physician, midwife, father, etc.)

Given or christian name added from a
 supplemental report _____ 191 _____

Address ChelseaFiled June 10 1917REGISTRAR. Geo. W. Palmer

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Wash

RECORD OF BIRTH

Township of _____

Registered No. 14

or _____

Village of Chelsea

or _____

City of _____

(No. _____ St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILD{ If child is not yet named, make
supplemental report, as directed.Sex of
childTwin,
triplet,
or other{ and { Number
in order
of birthLegiti-
mate?Date of
Birth

(Month) _____ (Day) _____ (Year) _____

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION
(And Industry)OCCUPATION
(And Industry)

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 4:30 M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Dated

June 1917

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

Given or christian name added from a
supplemental report

191

Address

Filed

June 1917

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. See instructions on back.

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

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Frank</u>		Department of State—Division of Vital Statistics	
Township of _____		Registered No. <u>15</u>	
or Village of <u>Chelsea</u>		St. _____ Ward _____	
City of _____ (No. _____)		(If birth occurs in a hospital or other institution, give name of street and number.)	
FULL NAME OF CHILD <u>Prizine Helen Boxler</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <u>Female</u>	Twin, triplet, or other? <u>single</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 4</u> , 191 <u>7</u> (Month) (Day) (Year)
FULL NAME <u>Milton Boxler</u>	FATHER	FULL MAIDEN NAME <u>Prizine Boxler</u>	MOTHER
RESIDENCE (Address) <u>Chelsea</u>		RESIDENCE (Address) <u>Chelsea</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Mich</u>		BIRTHPLACE <u>Mich</u>	
OCCUPATION (And Industry) <u>Painter</u>		OCCUPATION (And Industry) <u>housewife</u>	
Number of child of this mother <u>3</u>		Number of children, of this mother, now living <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 5th M.,
(Born alive or stillborn.)
on the date above stated.

Have eyes of child been treated with
a prophylaxis solution? Yes

Given or christian name added from a
supplemental report 191

(Signature)

Dated July 7, 1917Address ChelseaFiled July 7, 1917

(Attending physician, midwife, father, etc.)

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

County of Washtenaw

Township of

or
Village of Chelseaor
City of(No. St., Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILDJaneth Dancer{ If child is not yet named, make
supplemental report, as directed.

Sex of child <u>Female</u>	Twin, triplet, or other? <input type="checkbox"/>	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 9, 1917</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Herbert Dancer</u>			FULL MAIDEN NAME MOTHER <u>Carrie L. Dancer</u>	
RESIDENCE (Address) <u>Chelsea</u>			RESIDENCE (Address) <u>Chelsea</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)		COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Mich</u>			BIRTHPLACE <u>Mich</u>	
OCCUPATION (And Industry) <u>Girl Clothing</u>			OCCUPATION (And Industry) <u>Dancer wife</u>	
Number of child of this mother <u>Fourth</u>			Number of children, of this mother, now living <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive or stillborn. at 5 P M,
on the date above stated.Have eyes of child been treated with
a prophylaxis solution? ☐Given or christian name added from a
supplemental report 191(Signature) Dr. PalmerDated 7/10 191 7

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

Address ChelseaFiled July 11 191 7

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. See instructions on back.

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

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
Department of State—Division of Vital Statistics		RECORD OF BIRTH	
County of <u>Washtenaw</u>	Township of _____	Registered No. <u>17</u>	
Village of <u>Chelsea</u>	or _____	St., _____ Ward)	
City of _____	(No. _____)	(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
FULL NAME OF CHILD <u>John William Stief</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <u>male</u>	Twin, triplet, or other? _____	and _____	Legitimate? <u>yes</u>
Date of Birth <u>July 28, 1917</u>		(Month) _____ (Day) _____ (Year) _____	
FATHER		MOTHER	
FULL NAME <u>Geo Stief</u>		FULL MAIDEN NAME <u>Mary Kulp</u>	
RESIDENCE (Address) <u>Chelsea</u>		RESIDENCE (Address) <u>Chelsea</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Mich</u>		BIRTHPLACE <u>Mich</u>	
OCCUPATION (And Industry) <u>Farming</u>		OCCUPATION (And Industry) _____	
Number of child of this mother <u>Third</u>		Number of children, of this mother, now living <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 12:57,
(Born alive or stillborn.)
on the date above stated.

Have eyes of child been treated with
a prophylaxis solution? yes

(Signature) Andrews GouldDated Aug 9, 1917

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

Given or christian name added from a
supplemental report. _____ 191 _____

Address ChelseaFiled July 28, 1917

REGISTRAR.

PLACE OF BIRTH

County of

Township of

or

Village of

or

City of

(No.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

St.,

Ward)

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

(Month)

(Day)

, 191

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION
(And Industry)OCCUPATION
(And Industry)

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

at 9³⁰ M.,Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Dated

191

Address

Filed

191

Given or christian name added from a
supplemental report

191

REGISTRAR.

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

Registered No.

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. See instructions on back.

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

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

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

PLACE OF BIRTH
County of Washtenaw
Township of _____
or
Village of Chelsea
or
City of _____ (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of street and number.)

REGISTERED No. 19

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

Sex of child <u>male</u>	Twin, triplet, or other? _____	and (Number in order of birth) _____	Legitimate? <u>Yes</u>	Date of Birth <u>Sept. 9, 1917</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Lewis Hauser</u>			FULL MAIDEN NAME <u>Ida Nicholas</u>	
RESIDENCE (Address) _____			RESIDENCE (Address) <u>Chelsea Mich</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Mich</u>			BIRTHPLACE <u>Mich</u>	
OCCUPATION (And Industry) <u>Laborer</u>			OCCUPATION (And Industry) <u>None</u>	
Number of child of this mother <u>7</u>			Number of children, of this mother, now living <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 10:00 M.,
(Born alive or stillborn.)

on the date above stated.

Have eyes of child been treated with
a prophylaxis solution? _____

(Signature) _____

Dated 1917

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

Given or christian name added from a
supplemental report. _____ 1917

Address _____

Filed Sept 10 1917

REGISTRAR.

PLACE OF BIRTH

County of Washtenaw
 Township of
 or
 Village of Chelsea
 or
 City of

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

Registered No. 20

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD

Maria Raymond Jones

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

Sex of child

male

Twin,
 triplet,
 or other?

{ and { Number
 in order
 of birth

Legiti-
 mate?

Yes

Date of
 Birth

Sept 23, 1917
 (Month) (Day) (Year)

FULL NAME

FATHER

Henry Jones

FULL MAIDEN NAME

MOTHER

Bernice M. Luning

RESIDENCE (Address)

Chelsea

RESIDENCE (Address)

Chelsea

COLOR OR RACE

white

AGE AT LAST BIRTHDAY

26
 (Years)

COLOR OR RACE

white

AGE AT LAST BIRTHDAY

16
 (Years)

BIRTHPLACE

Ill

BIRTHPLACE

Ohio

OCCUPATION (And Industry)

Bookkeeper

OCCUPATION (And Industry)

—

Number of child of this mother

first

Number of children, of this mother, now living

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 9 1/2 M.,
 on the date above stated.
 (Born alive or stillborn.)

Have eyes of child been treated with }
 a prophylaxis solution? }

(Signature)

Geo W. Palmer

Dated 9/24, 1917

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address

supplemental report 191

Filed Sept 27, 1917

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. See instructions on back.

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

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH
 County of Washtenaw
 Township of _____
 or
 Village of Chelsea
 or
 City of _____ (No. _____ St., _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 21

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

Sex of child _____ Twin, triplet, or other? _____ and (Number in order of birth _____) Legitimate? _____ Date of Birth Oct 4, 1917
 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <u>Roy Louis</u>	FULL MAIDEN NAME <u>Ruby Belle Wightman</u>		
RESIDENCE (Address) <u>Chelsea</u>	RESIDENCE (Address) <u>Chelsea</u>		
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Unadilla, Missa</u>	BIRTHPLACE <u>Mich</u>		
OCCUPATION (And Industry) <u>Farmer</u>	OCCUPATION (And Industry) <u>Housewife</u>		

Number of child of this mother First

Number of children, of this mother, now living _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 7:15 M.,
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
 a prophylaxis solution? _____

(Signature) Harold J. FulfordDated Oct 7, 1917 (Attending physician, midwife, father, etc.)*

Given or christian name added from a
 supplemental report _____ 1917

Address ChelseaFiled Oct 6, 1917

REGISTRAR.

PLACE OF BIRTH

County of Wash

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____ St., _____ Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Sex of child <u>male</u>	Twin, triplet, or other? <u>single</u>	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Oct 28</u> , 191 <u>7</u>
				(Month)	(Day) (Year)

FATHER		MOTHER	
FULL NAME	<u>Julius Streeter</u>	FULL MAIDEN NAME	<u>Olga Hoffman</u>
RESIDENCE (Address)	<u>Chelsea</u>	RESIDENCE (Address)	<u>Chelsea</u>
COLOR OR RACE	<u>white</u>	COLOR OR RACE	<u>white</u>
AGE AT LAST BIRTHDAY	<u>30</u> (Years)	AGE AT LAST BIRTHDAY	<u>22</u> (Years)
BIRTHPLACE	<u>Mich</u>	BIRTHPLACE	<u>Mich</u>
OCCUPATION (And Industry)	<u>merchant</u>	OCCUPATION (And Industry)	<u>Domestic</u>

Number of child of this mother firstNumber of children, of this mother, now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Stillborn at 10 P. M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with }
a prophylaxis solution? _____

(Signature) S. E. BushDated Nov 1 1917

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report _____ 1917

Address _____

Filed Nov 9 1917

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township of <u>Libra</u>		RECORD OF BIRTH	
or Village of <u>Libra</u>		Registered No. <u>73</u>	
or City of <u>Ann Arbor</u> (No. _____ St., _____ Ward _____)		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
FULL NAME OF CHILD <u>Herman Eugene</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>male</u>	Twin, triplet, or other? _____	{ and { Number in order of birth _____	Legitimate? _____
Date of Birth <u>Nov 6</u> , 191 <u>2</u>		(Month) (Day) (Year)	
FULL NAME FATHER <u>Grover F. Eyrer</u>		FULL MAIDEN NAME MOTHER <u>Ida Faber</u>	
RESIDENCE (Address) <u>Ann Arbor</u>		RESIDENCE (Address) <u>Ann Arbor</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>3</u> (Years)
BIRTHPLACE <u>Virginia</u>		BIRTHPLACE <u>Mich</u>	
OCCUPATION (And Industry) <u>Preacher</u>		OCCUPATION (And Industry) <u>Domestic</u>	
Number of child of this mother _____		Number of children, of this mother, now living _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? _____

(Signature) _____

Dated _____ 191 _____

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

Given or christian name added from a supplemental report _____ 191 _____

Address _____

Filed Nov 8 1912REGISTRAR. W. R. Randall

PLACE OF BIRTH

County of

Township of

or

Village of

or

City of

(No.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

St., Ward)

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

}

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

(Month)

(Day)

(Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION
(And Industry)OCCUPATION
(And Industry)

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was
on the date above stated.Have eyes of child been treated with
a prophylaxis solution?Given or christian name added from a
supplemental report

(Signature)

Dated

Address

Filed

(Born alive or stillborn.)

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

REGISTRAR.

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

Registered No.

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. See instructions on back.

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

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

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

PLACE OF BIRTH

County of

Township of

or

Village of

or

City of

(No.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

St.,

Ward)

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

Dec

7

1917

(Month)

(Day)

(Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION
(And Industry)OCCUPATION
(And Industry)

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn.)

at 8 P. M.,

on the date above stated.

(Signature)

Have eyes of child been treated with
a prophylaxis solution?

Dated 12/10/1917

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 191

Address

Filed Dec 10 1917

REGISTRAR.

PLACE OF BIRTH

County of

Township of

or

Village of

or

City of

(No.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

St.,

Ward)

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

(Month)

(Day)

(Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION
(And Industry)OCCUPATION
(And Industry)

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn.)

at 48 M.,

Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Dated

1917

(Attending physician, midwife, father, etc.)

Address

Given or christian name added from a
supplemental report

191

Filed

1917

REGISTRAR.

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

RECORD OF BIRTH

Registered No.

26

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. See instructions on back.

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD.

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

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of _____

Registered No. 27or
Village of Chelsea

or

City of _____

(No. _____ St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILDLucile Marie Darling

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

Sex of
childFemaleTwin,
triplet,
or otherand (Number
in order
of birth)Legiti-
mate?Date of
BirthDec, 13, 1917

(Month) (Day) (Year)

FULL
NAME

FATHER

Harold DarlingFULL
MAIDEN
NAME

MOTHER

Clara GreyRESIDENCE
(Address)ChelseaRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY28
(Years)COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Mich.

BIRTHPLACE

Mich.OCCUPATION
(And Industry)Telephone CoOCCUPATION
(And Industry)HousewifeNumber of child of this mother 2Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with }
a prophylaxis solution? }

(Signature) S. B. BushDated Dec 17, 1917Physician
(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 191

Address ChelseaFiled Dec 17, 1917

REGISTRAR.

PLACE OF BIRTH

County of

Township of

or

Village of

or

City of

(No.

St.,

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(Month)

(Day)

(Year)

FULL
NAME

FATHER

RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION
(And Industry)FULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION
(And Industry)

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at P.M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Dated Dec 7 1917

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 191

Address ChelseaFiled Dec 20 1917

REGISTRAR.

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

RECORD OF BIRTH

Registered No. 28

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. See instructions on back.

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

FORM 232-4-10-000

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH
County of Washtenaw
Township of _____
or
Village of Chelsea
or
City of _____ (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
FULL NAME OF CHILD Brown (If child is not yet named, make supplemental report, as directed.)

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 79

Sex of child <u>Female</u>	Twin, triplet, or other? _____	and (Number in order of birth) _____	Legitimate? <u>yes</u>	Date of Birth <u>Dec</u> , <u>29</u> , 19 <u>17</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Robt Brown</u> RESIDENCE (Address) <u>Chelsea</u> COLOR OR RACE <u>white</u> AGE AT LAST BIRTHDAY <u>30</u> (Years) BIRTHPLACE <u>Ohio</u> OCCUPATION (And Industry) <u>Mechanic</u>			MOTHER FULL MAIDEN NAME <u>Florence Lockwood</u> RESIDENCE (Address) <u>Chelsea</u> COLOR OR RACE <u>white</u> AGE AT LAST BIRTHDAY <u>31</u> (Years) BIRTHPLACE <u>Michigan</u> OCCUPATION (And Industry) <u>Housewife</u>	
Number of child of this mother <u>3</u>			Number of children, of this mother, now living <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M.,
(Born alive or stillborn.)
on the date above stated.

Have eyes of child been treated with
a prophylaxis solution? _____

Given or christian name added from a
supplemental report _____ 191 _____

(Signature) S. Bush

Dated Jan 8, 1918

Address Chelsea

Filed Jan 9, 1917

(Attending physician, midwife, father, etc.)

REGISTRAR.

PLACE OF BIRTH

County of

Township of

or

Village of

or

City of

(No.

St.,

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILD

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No.

30

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

male

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

yes.

Date of

Birth

(Month)

(Day)

(Year)

Dec 31 1917

FULL
NAME

FATHER

Edwin Wagner

FULL
MAIDEN
NAME

MOTHER

Chloe Crane

RESIDENCE
(Address)

Chelsea

RESIDENCE
(Address)

Chelsea

COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY39
(Years)COLOR
OR RACE

white

AGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Indiana

BIRTHPLACE

Indiana

OCCUPATION
(And Industry)

Mechanic

OCCUPATION
(And Industry)

Housewife

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 5:07 M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution?

(Signature)

S. G. Bush

Dated

Jan 8 1918

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

Given or christian name added from a
supplemental report

191

Address

Chelsea

Filed

Jan 7 1918

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. See instructions on back.

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

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

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of _____

Registered No. 31or
Village of Chelseaor
City of _____

(No. _____ St. _____ Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILDBlossie Conlaine

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

Sex of
childFemaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?Date of
BirthDec, 11, 1918

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Bert ConlaineFULL
MAIDEN
NAME

MOTHER

Kato McQuinnRESIDENCE
(Address)ChelseaRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY41

(Years)

COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY38

(Years)

BIRTHPLACE

Mich

BIRTHPLACE

MichOCCUPATION
(And Industry)SeverOCCUPATION
(And Industry)Domestic

Number of child of this mother _____

Number of children, of this mother, now living _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
a prophylaxis solution? _____

(Signature)

H. W. SchmidtDated Dec 12, 1918

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report _____ 191 _____

Address

Filed Jan 10, 1918

REGISTRAR.

PLACE OF BIRTH

County of Wash

Township of _____

or

Village of Chelsea

or

City of _____

FULL NAME
OF CHILD(No. _____ St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Chopa(If child is not yet named, make
supplements report, as directed.)Sex of
childmaleTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?Date of
BirthDec 20, 1919
(Month) (Day) (Year)FULL
NAME

FATHER

John ChopaFULL
MAIDEN
NAME

MOTHER

Anna HuclaRESIDENCE
(Address)ChelseaRESIDENCE
(Address)ChelseaCOLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY24
(Years)COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Austria

BIRTHPLACE

AustriaOCCUPATION
(And Industry)Cement BlockOCCUPATION
(And Industry)At Home

Number of child of this mother

second

Number of children, of this mother, now living

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was 12/20 at 12:20 M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution? }

(Signature)

Andrew G. GaultDated 12/22 1919

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 191

Address

Chelsea

Filed

Jan 18 1919

REGISTRAR.

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

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated. See instructions on back.

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

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

PLACE OF BIRTH

County of Washtenaw

Township of _____

or
Village of Chelseaor
City of _____(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILD{ If child is not yet named, make
supplemental report, as directed.

Sex of child <u>male</u>	Twin, triplet, or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 31</u> , 191 <u>8</u> (Month) (Day) (Year)
FULL NAME <u>Vincent Young</u>			FULL MAIDEN NAME <u>Maud Kuhn</u>		
RESIDENCE (Address) <u>Chelsea Mich</u>			RESIDENCE (Address) <u>Chelsea Mich</u>		
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>Mich</u>			BIRTHPLACE <u>Mich</u>		
OCCUPATION (And Industry) <u>Machinist</u>			OCCUPATION (And Industry) <u>Domestic</u>		
Number of child of this mother <u>Third</u>			Number of children, of this mother, now living <u>three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 1239 M.,
(Born alive or stillborn.)
on the date above stated.Have eyes of child been treated with
a prophylaxis solution? Yes(Signature) Andrew Gould MS.Dated Jan 31 1918
(Attending physician, midwife, father, etc.)Given or christian name added from a
supplemental report 191Address Chelsea
Filed Feb 3 1918
J. R. Daniels
REGISTRAR.

PLACE OF BIRTH

County of

Township of

or

Village of

or

City of

(No.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

St.,

Ward)

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

}

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

(Month)

(Day)

(Year)

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

RESIDENCE
(Address)RESIDENCE
(Address)COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

COLOR
OR RACEAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION
(And Industry)OCCUPATION
(And Industry)

Number of child of this mother

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn.)

at 6 P. M.,

Have eyes of child been treated with
a prophylaxis solution?

(Signature)

Dated

1918

(Attending physician, midwife, father, etc.)

Address

Given or christian name added from a
supplemental report

1918

Filed

1918

REGISTRAR.

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

Registered No.

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. See instructions on back.

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State--Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>328</u>	
City of _____ (No. _____) St. _____ Ward _____		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
FULL NAME OF CHILD <u>Richardella</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>male</u>	Twin, triplet, or other? _____ and (Number in order of birth _____)	Legitimate? _____	Date of Birth <u>2/9</u> , 19 <u>18</u> (Month) (Day) (Year)
FULL NAME FATHER <u>John Richardella</u>		FULL MAIDEN NAME MOTHER <u>Mary Krutz</u>	
RESIDENCE (Address) <u>Chelsea</u>		RESIDENCE (Address) <u>Chelsea</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Austria</u>		BIRTHPLACE <u>Bemyslan</u>	
OCCUPATION (And Industry) _____		OCCUPATION (And Industry) _____	
Number of child of this mother <u>sixth</u>		Number of children, of this mother, now living <u>six</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 9:05 M., on the date above stated.
(Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes } (Signature) _____
Dated 2/10 1918 (Attending physician, midwife, father, etc.)*

Given or christian name added from a supplemental report 191 Address _____
Filed 2/11 1918 W. B. Samuel
REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WashtenawTownship of Chelseaor Village of Chelseaor City of Chelsea(No. St. Ward)FULL NAME
OF CHILD

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Sex of child <u>male</u>	Twin, triplet, or other? <u> </u>	and (Number in order of birth <u> </u>)	Legitimate? <u>yes</u>	Date of Birth <u>2</u> <u>26</u> , 191 <u>8</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Albert Ruppke</u> RESIDENCE (Address) <u>Chelsea</u> COLOR OR RACE <u>white</u> AGE AT LAST BIRTHDAY <u>37</u> (Years) BIRTHPLACE <u>Mich</u> OCCUPATION (And Industry) <u>Phreapher</u>			MOTHER FULL MAIDEN NAME <u>Belle Coates</u> RESIDENCE (Address) <u>Chelsea</u> COLOR OR RACE <u>white</u> AGE AT LAST BIRTHDAY <u>31</u> (Years) BIRTHPLACE <u>Mich</u> OCCUPATION (And Industry) <u> </u>	
Number of child of this mother <u> </u>			Number of children, of this mother, now living <u> </u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was at 12:30 M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution? (Signature) Andrew GaultDated 3/1 1918

(Attending physician, midwife, father, etc.)

Address ChelseaGiven or christian name added from a
supplemental report 191Filed 3/2 1918

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. See instructions on back.

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

MARGIN RESERVED FOR BINDING.

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or _____		Registered No. <u>X 6</u>	
Village of <u>Chelsea</u>			
or _____			
City of _____ (No. _____ St., _____ Ward)			
FULL NAME OF CHILD <u>Lorinda Christina Bentler</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Female</u>	Twin, triplet, or other? _____	(Number in order of birth _____)	Legitimate? <u>Yes</u>
Date of Birth <u>April 9, 1918</u>		(Month _____ Day _____ Year _____)	
FULL NAME FATHER <u>Edwin Bentler</u>		FULL MAIDEN NAME MOTHER <u>Mary Curtis</u>	
RESIDENCE (Address) <u>Chelsea</u>		RESIDENCE (Address) <u>Chelsea</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Mich</u>		BIRTHPLACE <u>Mich</u>	
OCCUPATION (And Industry) <u>Laborer (general work)</u>		OCCUPATION (And Industry) <u>Housewife</u>	
Number of child of this mother _____		Number of children, of this mother, now living _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 M., on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with _____
a prophylaxis solution? Yes (Signature) S. G. Bush
Dated Apr 11 1918 (Attending physician, midwife, father, etc.)*

Given or christian name added from a _____ Address Chelsea
supplemental report _____ 1918 Filed Apr 11 1918
REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

County of Washtenaw

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

St. _____

Ward _____

Registered No. 6FULL NAME
OF CHILDEdward Bruce Linton{ If child is not yet named, make
supplemental report, as directed.

Sex of child <u>Male</u>	Twin, triplet, or other? _____	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>April 13</u> , 191 <u>8</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Leslie H. Linton</u> RESIDENCE (Address) <u>Chelsea, Mich</u> COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years) BIRTHPLACE <u>Komer, Mich</u> OCCUPATION (And Industry) <u>Laborer</u>			MOTHER FULL MAIDEN NAME <u>Grilla McLain</u> RESIDENCE (Address) <u>Chelsea</u> COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years) BIRTHPLACE <u>Ohio</u> OCCUPATION (And Industry) <u>Housewife</u>	
Number of child of this mother <u>Third</u>			Number of children, of this mother, now living <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a M., on the date above stated.Have eyes of child been treated with
a prophylaxis solution? _____(Signature) George M. TalbotDated 4/13 1918

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 191Address Chelsea, MichFiled 4/16 1918

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. See instructions on back.

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

MARGIN RESERVED FOR BINDING.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

County of Washtenaw

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILDBenjamin Franklin Knoll{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?

}

Number
in order
of birthLegiti-
mate?YesDate of
BirthApril 23, 1918
(Month) (Day) (Year)FULL
NAME

FATHER

George KnollFULL
MAIDEN
NAME

MOTHER

Jennie V. HamiltonRESIDENCE
(Address)ChelseaRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY31
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Michigan

BIRTHPLACE

OhioOCCUPATION
(And Industry)RailroadOCCUPATION
(And Industry)none

Number of child of this mother

4

Number of children, of this mother, now living

0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alone at 5:40 P. M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with }
a prophylaxis solution? }(Signature) J. T. WoodsDated April 23, 1918

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 191Address ChelseaFiled April 25, 1918

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of HastingsTownship of Chelseaor
Village of Chelseaor
City of ChelseaRegistered No. 8(No. St., Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

}

and { Number
in order
of birthLegiti-
mate?YesDate of
BirthApril 30, 1918
(Month) (Day) (Year)FULL
NAME

FATHER

Thomas HoweFULL
MAIDEN
NAME

MOTHER

Allice McGuireRESIDENCE
(Address)Chelsea, MichRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY14
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY14
(Years)

BIRTHPLACE

Hastings, Mich

BIRTHPLACE

Dexter Twp, MichOCCUPATION
(And Industry)LaborerOCCUPATION
(And Industry)HousewifeNumber of child of this mother 1Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution?

(Signature)

G. M. Palmer

Dated

9/2 1918

(Attending physician, midwife, father, etc.)

Address

Chelsea, MichGiven or christian name added from a
supplemental report 191

Filed

9/3 1918

REGISTRAR.

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

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

MARGIN RESERVED FOR BINDING.
Form 351—9-16-000

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

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

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

RECORD OF BIRTH

Registered No. 9FULL NAME
OF CHILDMiscely

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

Sex of child <u>Male</u>	Twin, triplet, or other? _____	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 5</u> , 191 <u>8</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Eustace N. Miscely</u>			FULL MAIDEN NAME MOTHER <u>Edith Sherburn</u>	
RESIDENCE (Address) <u>Chelsea</u>			RESIDENCE (Address) <u>Chelsea, Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	
BIRTHPLACE <u>Augazie Co., Ohio</u>			BIRTHPLACE <u>Greenville, Ohio</u>	
OCCUPATION (And Industry) <u>Real Estate Agent</u>			OCCUPATION (And Industry) <u>Housewife</u>	
Number of child of this mother <u>Third</u>			Number of children, of this mother, now living <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P. M.,
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
 a prophylaxis solution? Yes

(Signature) George H. PalmerDated 5-7 1918

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

Given or christian name added from a
 supplemental report May 7 1918

Address Chelsea, MichFiled May 7 1918

REGISTRAR.

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

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

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

PLACE OF BIRTH
County of Cheltenham
Township of Cheltenham
or
Village of Cheltenham
or
City of Cheltenham (No. 10 St. 10 Ward 10)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Bertie Joe Stout
(If child is not yet named, make supplemental report, as directed.)

Sex of child <u>Male</u>	Twin, triplet, or other? <u>No</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>30</u> <u>10</u> <u>1911</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Mr. A. Stout</u> RESIDENCE (Address) <u>Cheltenham, Mich.</u> COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>47</u> (Years) BIRTHPLACE <u>Cheltenham, Mich.</u> OCCUPATION (And Industry) <u>Laborer</u>			MOTHER FULL MAIDEN NAME <u>Shirley Law Stout</u> RESIDENCE (Address) <u>Cheltenham, Mich.</u> COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>31</u> (Years) BIRTHPLACE <u>Ironville, Mich.</u> OCCUPATION (And Industry) <u>Housekeeper</u>	
Number of child of this mother <u>1</u>			Number of children, of this mother, now living <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes (Signature) Dr. A. Schmitt
Dated 1911 (Attending physician, midwife, father, etc.)
Given or christian name added from a supplemental report 1911 Address Cheltenham, Mich.
Filed 1911

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

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

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

RECORD OF BIRTH

Registered No. 11

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of street and number.)

FULL NAME
OF CHILDAlexander{ If child is not yet named, make
supplemental report, as directed.Sex of
childFemaleTwin,
triplet,
or other?{ and (Number
in order
of birthLegiti-
mate?Date of
BirthJul131918

(Month)

(Day)

(Year)

FULL
NAME

FATHER

 Miles AlexanderFULL
MAIDEN
NAME

MOTHER

 Pearl May QuastRESIDENCE
(Address)Chelsea, MichRESIDENCE
(Address)Chelsea, MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY112
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Ann Arbor, Mich

BIRTHPLACE

Southville, MichOCCUPATION
(And Industry)LaborerOCCUPATION
(And Industry)Housewife

Number of child of this mother

Seven

Number of children, of this mother, now living

five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 M.,
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
 a prophylaxis solution? Yes

(Signature)

Geoff Palmer, M.D.

Dated

7/16 1918

(Attending physician, midwife, father, etc.)

Address

Chelsea, Mich

Given or christian name added from a
 supplemental report 191

Filed

July 15 1918

REGISTRAR.

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

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

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

PLACE OF BIRTH
County of Westland

Township of _____

or
Village of Chelsea

or
City of _____

Registered No. 17

(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILD

Phillip Wallenstein

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

Sex of
child

Male

Twin,
triplet,
or other?

{ Number
in order
of birth

Legiti-
mate?

Yes

Date of
Birth

July
(Month)

14, 1918
(Day) (Year)

FULL
NAME

FATHER

Morris Wallenstein

FULL
MAIDEN
NAME

MOTHER

Lena Kaplan

RESIDENCE
(Address)

Chelsea

RESIDENCE
(Address)

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

26
(Years)

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

26
(Years)

BIRTHPLACE

Russia

BIRTHPLACE

Russia

OCCUPATION
(And Industry)

Junk dealer

OCCUPATION
(And Industry)

Housewife

Number of child of this mother 2

Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 8 p. M.,
(Born alive or stillborn.)
on the date above stated.

Have eyes of child been treated with
a prophylaxis solution? Yes

(Signature)

S. G. Bush

Dated July 19 1918

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address

Chelsea

supplemental report. 1918

Filed July 19 1918

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <i>Macomb</i>		Department of State--Division of Vital Statistics	
Township of <i>Chelsea</i>		RECORD OF BIRTH	
Village of <i>Chelsea</i>		Registered No. <i>13</i>	
City of <i>Chelsea</i>		(No. <i>12</i> St. <i>W</i> Ward <i>1</i>)	
FULL NAME OF CHILD <i>Ray Arnold Osterle</i>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <i>Male</i>	Twin, triplet, or other? <i>No</i>	Legitimate? <i>Yes</i>	Date of Birth <i>July 24</i> , 19 <i>18</i>
(Month) (Day) (Year)			
FATHER		MOTHER	
FULL NAME <i>C. Fredrick Osterle</i>		FULL MAIDEN NAME <i>Theresa Gritzner</i>	
RESIDENCE (Address) <i>Chelsea, Mich</i>		RESIDENCE (Address) <i>Chelsea, Mich</i>	
COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)	COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>Sylvan Twp, Mich</i>		BIRTHPLACE <i>Jackson, Mich</i>	
OCCUPATION (And Industry) <i>Laborer</i>		OCCUPATION (And Industry) <i>Housewife</i>	
Number of child of this mother <i>Swedish</i>		Number of children, of this mother, now living <i>Swedish</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was *Born alive* at *5:30* M., on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? *Yes* (Signature) *Geo. Palmer M.D.*

Given or christian name added from a supplemental report *191* Dated *7-24* 19*18*

Address *St. Paul, Minn.* (Attending physician, midwife, father, etc.)

Filed *7-25* 19*18* REGISTRAR.

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

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

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

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

Registered No. 114

(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILD

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

Sex of child Male Twin, triplet, or other? No } and { Number in order of birth _____
Legitimate? Yes Date of Birth July 30, 1918
(Month) (Day) (Year)

FATHER
FULL NAME Henry Hugh Lyons
RESIDENCE (Address) Chelsea, Mich
COLOR OR RACE White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Brighton, Mich
OCCUPATION (And Industry) Shoe maker

MOTHER
FULL MAIDEN NAME Helen King
RESIDENCE (Address) Chelsea, Mich
COLOR OR RACE White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Liverpool, Ohio
OCCUPATION (And Industry) At home

Number of child of this mother Third Number of children, of this mother, now living Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 9:58 a.m.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes

Given or christian name added from a supplemental report _____ 191 _____

(Signature) Andreas Gulde M.D.

Dated July 31 1918 (Attending physician, midwife, father, etc.)

Address _____

Filed July 31 1918

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Nashewan</u>		Department of State--Division of Vital Statistics	
Township of <u>Sylvan</u>		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>15</u>	
or City of _____		(No. _____ St. _____ Ward _____)	
FULL NAME OF CHILD		(If child is not yet named, make supplemental report, as directed.)	
<u>Nagadon</u>			
Sex of child <u>Male</u>	Twin, triplet, or other? <u>No</u> } and (Number in order of birth <u>1</u>)	Legitimate? <u>Yes</u>	Date of Birth <u>Aug.</u> <u>19</u> , 19 <u>18</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Samuel H. Nagadon</u>		FULL MAIDEN NAME MOTHER <u>Lucile C. Eberle</u>	
RESIDENCE (Address) <u>Chelsea, Mich.</u>		RESIDENCE (Address) <u>Chelsea, Mich.</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Romulus, Mich.</u>		BIRTHPLACE <u>Peru, Indiana</u>	
OCCUPATION (And Industry) <u>Section Hand MCR</u>		OCCUPATION (And Industry) <u>at home</u>	
Number of child of this mother <u>Second</u>		Number of children, of this mother, now living <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 9:35 M., on the date above stated.
(Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes } (Signature) Andrew Gulde, M.D.
Given or christian name added from a supplemental report 191 } Dated 8/20 1918
Address Chelsea, Mich. (Attending physician, midwife, father, etc.)*
Filed Aug 21 1918

REGISTRAR.

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

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

PLACE OF BIRTH
County of Ashtabula
Township of _____
or
Village of Chelsea
or
City of _____

Registered No. 16FULL NAME
OF CHILD(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Sex of
childMaleTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?YesDate of
BirthAug
(Month)26
(Day)1918
(Year)FULL
NAME

FATHER

John P. HallaceRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY39
(Years)

BIRTHPLACE

IndianaOCCUPATION
(And Industry)MachinistFULL
MAIDEN
NAME

MOTHER

Pertha AllenRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY37
(Years)

BIRTHPLACE

MichiganOCCUPATION
(And Industry)Housewife

Number of child of this mother

3

Number of children, of this mother, now living

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
a prophylaxis solution? Yes

(Signature)

S. G. Rush

Dated

Aug 30 1918Attending Physician

(Attending physician, midwife, father, etc.)

Address

Chelsea

Filed

9/31 1918M. J. B. 2nd

REGISTRAR.

Given or christian name added from a
supplemental report 191

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. See instructions on back.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

County of MacombTownship of Chelsea

or

Village of Chelsea

or

City of Chelsea(No. 17 St., 17 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILDRay LeRoy Hart(If child is not yet named, make
supplemental report, as directed.)Sex of
childMaleTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?Date of
BirthSept. 20, 1911

(Month) (Day) (Year)

FULL
NAME

FATHER

Ray F. HartFULL
MAIDEN
NAME

MOTHER

Rennie KamiltonRESIDENCE
(Address)Chelsea, Mich.RESIDENCE
(Address)Chelsea,COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY23
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

Van Wert, Ohio

BIRTHPLACE

Cauldwell, OhioOCCUPATION
(And Industry)LaborerOCCUPATION
(And Industry)DomesticNumber of child of this mother TwoNumber of children, of this mother, now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
a prophylaxis solution?

(Signature)

H. M. Schmidt, M.D.

Dated

Sept. 20, 1911

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 1911

Address

Filed

Sept. 20, 1911

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of WashtenawTownship of ChelseaVillage of ChelseaCity of ChelseaRegistered No. 18(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME OF CHILD Lile Edward Foster

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

Sex of child Male Twin, triplet, or other? } and { Number in order of birth Legitimate? yes Date of Birth Oct 10, 1918
(Month) (Day) (Year)FATHER
FULL NAME Theron C. Foster
RESIDENCE (Address) Chelsea Mich
COLOR OR RACE White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Howell Mich
OCCUPATION (And Industry) LaborerMOTHER
FULL MAIDEN NAME Louise Simpson
RESIDENCE (Address) Chelsea Mich
COLOR OR RACE White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Bay City Mich
OCCUPATION (And Industry) Number of child of this mother 9thNumber of children, of this mother, now living two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 54 M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution? yesGiven or christian name added from a
supplemental report 191(Signature) J. W. PalmerDated 191Address Chelsea MichFiled Oct 12 1918 W. C. Boyd

REGISTRAR

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

MARGIN RESERVED FOR BINDING.

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

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

County of Washtenaw
 Township of Livonia
 or
 Village of Chebea Mich
 or
 City of (No. St. Ward)

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

RECORD OF BIRTH

Registered No. 19FULL NAME
OF CHILD

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

Sex of child Female Twin, triplet, or other? no } and { Number in order of birth Legitimate? yes Date of Birth Oct 13, 1918
 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <u>J. Vincent Burg</u>	FULL MAIDEN NAME <u>Mary C. Burg</u>		
RESIDENCE (Address) <u>Chebea Mich</u>	RESIDENCE (Address) <u>Chebea Mich</u>		
COLOR OR RACE <u>White</u>	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Liverpool Ohio</u>	BIRTHPLACE <u>Chebea Mich</u>		
OCCUPATION (And Industry) <u>Pharmacist</u>	OCCUPATION (And Industry) <u>At Home</u>		

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 4:59 A. M., on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? yes } (Signature) G. L. G. G. G.
 Dated Oct 16 1918 (Attending physician, midwife, father, etc.)

Given or christian name added from a supplemental report Address Chebea
 Filed Oct 15 1918 G. L. G. G. G.

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

County of.....

Township of.....

or

Village of.....

or

City of.....

(No.)

St.

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILD

Alfred J. Nelson -

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

Male

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

yes -

Date of
Birth

Oct 28

1918

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Raleigh Nelson -

RESIDENCE
(Address)

Chelsea Mich -

COLOR
OR RACE

White -

AGE AT LAST
BIRTHDAY24
(Years)

BIRTHPLACE

Fife Lake - Mich -

OCCUPATION
(And Industry)

Bakery -

FULL
MAIDEN
NAME

MOTHER

Maudie M. Hemmon

RESIDENCE
(Address)

Chelsea Mich -

COLOR
OR RACE

White -

AGE AT LAST
BIRTHDAY25
(Years)

BIRTHPLACE

Ohio -

OCCUPATION
(And Industry)

House wife -

Number of child of this mother. Second -

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution?

(Signature)

J. W. Palmer - M.D. -

Dated 10-24-1918 -

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report. 191

Address

Chelsea Michigan -

Filed

Oct 21 - 1918 -

W. C. Boyd

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 221—9-15-500

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. See instructions on back.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Washtenaw

RECORD OF BIRTH

Township of

or

Village of

or

City of

Chelrea

(No.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

St.,

Ward)

Registered No.

21-10

FULL NAME
OF CHILD

Isabelle Beissel-

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

Female

Twin,
triplet,
or other?

Single

{ Number
in order
of birthLegiti-
mate?

yes-

Date of
Birth

Oct

21-

1918

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Edward Beissel

FULL
MAIDEN
NAME

MOTHER

Cora Foster

RESIDENCE
(Address)

Chelrea

RESIDENCE
(Address)

Chelrea

COLOR
OR RACE

White-

AGE AT LAST
BIRTHDAY

46

(Years)

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

38

(Years)

BIRTHPLACE

Michigan

BIRTHPLACE

Michigan

OCCUPATION
(And Industry)

Day Laborer-

OCCUPATION
(And Industry)

Housewife-

Number of child of this mother

4

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive- at 6 A. M.,
(Born alive or stillborn.)
on the date above stated.Have eyes of child been treated with
a prophylaxis solution? yes-

(Signature)

S. G. Bush - M. D.

Dated

Oct 21 1918

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address

Chelrea

supplemental report

191

Filed

Oct 22 - 1918

W. C. Boyd

REGISTRAR.

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

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

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

Registered No. 22

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD

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

Sex of child <u>Female</u>	Twin, triplet, or other? <u>No</u>	and { Number in order of birth _____ }	Legitimate? <u>yes</u>	Date of Birth <u>Oct 25</u> , 191 <u>8</u> (Month) (Day) (Year)
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FATHER		MOTHER	
FULL NAME <u>Martin Rhoring</u>	FULL MAIDEN NAME <u>Maria Ker</u>		
RESIDENCE (Address) <u>Chelsea Mich</u>	RESIDENCE (Address) <u>Chelsea Mich</u>		
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Austria Hungary</u>	BIRTHPLACE <u>Austria Hungary</u>		
OCCUPATION (And Industry) <u>Laborer - Cement Plant</u>	OCCUPATION (And Industry) <u>At Home</u>		

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 11:25 A.M.,
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes
 Given or christian name added from a supplemental report _____ 1918
 (Signature) Indira Gulde - M.D.
 Dated Oct 26 1918
 Address Chelsea Mich
 Filed Oct 27 1918

 REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>23-</u>	
or City of _____ (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. _____ Ward _____	
FULL NAME OF CHILD <u>Fred William Schweikert Jr.</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Male</u>	Twin, triplet, or other? _____	Number in order of birth _____	Legitimate? _____
Date of Birth <u>Nov 9-</u> 191 <u>8-</u>		(Month) (Day) (Year)	
FULL NAME <u>Fred W. Schweikert</u>	FATHER	FULL MAIDEN NAME <u>Mildred Scripter</u>	MOTHER
RESIDENCE (Address) <u>Chelsea Mich</u>		RESIDENCE (Address) <u>Chelsea Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Northfield Mich</u>		BIRTHPLACE <u>Warren Co. N.Y.</u>	
OCCUPATION (And Industry) <u>Fireman</u>		OCCUPATION (And Industry) <u>Domestic</u>	
Number of child of this mother <u>First</u>		Number of children, of this mother, now living <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov- 3rd- 1918 at 6 p M., on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes- (Signature) H.W. Schmidt

Given or christian name added from a supplemental report 191 Dated Nov 7 1918 Address Chelsea Michigan (Attending physician, midwife, father, etc.)
Filed 11/8 1918 W.C. Boyd

REGISTRAR.

PLACE OF BIRTH
County of Washtenaw
Township of Lyons
or
Village of
or
City of Chelsea (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Sex of child Female Twin, triplet, or other? No. { Number in order of birth _____ } Legitimate? yes Date of Birth Nov 21 - 1918 -
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <u>Ignatius Iodaro</u>	FULL MAIDEN NAME <u>May Galardi</u>	FULL NAME <u>Ignatius Iodaro</u>	FULL MAIDEN NAME <u>May Galardi</u>
RESIDENCE (Address) <u>Chelsea Mich</u>	RESIDENCE (Address) <u>Chelsea Mich</u>	RESIDENCE (Address) <u>Chelsea Mich</u>	RESIDENCE (Address) <u>Chelsea Mich</u>
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Italy</u>	BIRTHPLACE <u>Yorkshire - England</u>	BIRTHPLACE <u>Italy</u>	BIRTHPLACE <u>Yorkshire - England</u>
OCCUPATION (And Industry) <u>Laborer Chelsea Steel Ball Co</u>	OCCUPATION (And Industry) <u>At Home</u>	OCCUPATION (And Industry) <u>Laborer Chelsea Steel Ball Co</u>	OCCUPATION (And Industry) <u>At Home</u>

Number of child of this mother Child Number of children, of this mother, now living _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive - at 1:25 P.M.
(Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes (Signature) Andrews - Gulde M.D.
Dated Nov 21 1918 -
(Attending physician, midwife, father, etc.)

Given or christian name added from a supplemental report _____ 191 _____ Address _____
Filed _____ 191 _____ W.B. Boyd -
REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

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

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of <u>Libran</u>		RECORD OF BIRTH	
or		Registered No. <u>25-1</u>	
Village of <u>Chelsea</u>			
or			
City of _____ (No. _____) St., _____ Ward _____		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
FULL NAME OF CHILD <u>Orpha Marie Scripter</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Female</u>	Twin, triplet, or other? _____ } and (Number in order of birth _____)	Legitimate? <u>yes</u>	Date of Birth <u>Nov 23</u> , 191 <u>8</u> (Month) (Day) (Year)
FULL NAME <u>William Sempere Scripter</u>	FATHER	FULL MAIDEN NAME <u>Lulu May Elchick</u>	MOTHER
RESIDENCE (Address) <u>Chelsea Mich</u>		RESIDENCE (Address) <u>Chelsea Mich</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>50</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Warren Co. N. Y.</u>		BIRTHPLACE <u>Warren Co. N. Y.</u>	
OCCUPATION (And Industry) <u>Laborer</u>		OCCUPATION (And Industry) <u>Domestic</u>	
Number of child of this mother <u>Four</u>		Number of children, of this mother, now living <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Nov 23 at 8:30 A.M.,
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with _____ (Signature) H. W. Schmitt
 a prophylaxis solution? _____ Dated Nov 25, 1918
 (Attending physician, midwife, father, etc.)

Given or christian name added from a _____ Address Chelsea Michigan
 supplemental report _____ 1918 Filed 11/25 1918 W. L. Boyl
 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. See instructions on back.

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <i>Washtenaw</i>		Department of State—Division of Vital Statistics	
Township of <i>Sylvan</i>		RECORD OF BIRTH	
or Village of <i>Chelrea</i>		Registered No. <i>26-</i>	
or City of _____		(No. _____ St. _____ Ward _____)	
FULL NAME OF CHILD <i>Margaret Bernadine Beich-</i>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
Sex of child <i>Female</i>		Date of Birth <i>Nov 25</i> , 191 <i>8</i>	
Twin, triplet, or other? <i>No.</i>		(Month) _____ (Day) _____ (Year) _____	
FATHER		MOTHER	
FULL NAME <i>William B. Beich-</i>		FULL MAIDEN NAME <i>Margaret E. Holl-</i>	
RESIDENCE (Address) <i>Chelrea Mich-</i>		RESIDENCE (Address) <i>Chelrea Mich-</i>	
COLOR OR RACE <i>White-</i>		COLOR OR RACE <i>White-</i>	
AGE AT LAST BIRTHDAY <i>25-</i> (Years)		AGE AT LAST BIRTHDAY <i>21-</i> (Years)	
BIRTHPLACE <i>Bunker Hill Mich-</i>		BIRTHPLACE <i>Ann Arbor Mich-</i>	
OCCUPATION (And Industry) <i>Laborer - Flour Mill-</i>		OCCUPATION (And Industry) <i>At Home-</i>	
Number of child of this mother <i>Second</i>		Number of children, of this mother, now living <i>Two-</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was *Born alive -* at *6:40 P.* M., on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with }
a prophylaxis solution? }

(Signature) *Andrew Gulde, M.D.*

Dated *Nov 25*, 191*8*

(Attending physician, midwife, father, etc.)

Given or christian name added from a supplemental report _____ 191 _____

Address *Chelrea Mich-*

Filed *11/25*

191 *8*

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH			STATE OF MICHIGAN		
County of <i>Washtenaw</i>			Department of State—Division of Vital Statistics		
Township of _____			RECORD OF BIRTH		
or Village of <i>Chelsea</i>			Registered No. <i>27</i>		
or City of _____			(No. _____ St. _____ Ward _____)		
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
FULL NAME OF CHILD <i>Margaret Verna Williams</i>			(If child is not yet named, make supplemental report, as directed.)		
Sex of child <i>Female</i>	Twin, triplet, or other? <i>No</i>	Number in order of birth <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>Dec 4</i>	<i>1918</i>
			(Month)	(Day)	(Year)
FATHER			MOTHER		
FULL NAME <i>Charles J. Williams</i>			FULL MAIDEN NAME <i>Susan Wilson</i>		
RESIDENCE (Address) <i>Chelsea Mich</i>			RESIDENCE (Address) <i>Chelsea, Mich</i>		
COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>31</i>		COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i>	
(Years)			(Years)		
BIRTHPLACE <i>Williamston, Mich</i>			BIRTHPLACE <i>Detroit Mich</i>		
OCCUPATION (And Industry) <i>Tool-maker</i>			OCCUPATION (And Industry) <i>At home</i>		
Number of child of this mother <i>Second</i>			Number of children, of this mother, now living <i>Second (Two)</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was *Born alive* at *8:17 a.m.* on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? *Yes* (Signature) *Andres Gulde*

Given or christian name added from a supplemental report *1918* Dated *Dec 4* 1918 Address *Chelsea, Mich* (Attending physician, midwife, father, etc.)

Filed *12/10* 1918 REGISTRAR.

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

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

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 28

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

(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILD

Ruth Elizabeth Lindeman

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

Sex of
child

Female

Twin,
triplet,
or other?

{ and { Number
in order
of birth

Legiti-
mate?

Date of
Birth

Dec 30, 1918
(Month) (Day) (Year)

FULL
NAME

FATHER

Elmer F. Lindeman

FULL
MAIDEN
NAME

MOTHER

Hellen L. Mohrlock

RESIDENCE
(Address)

Chelsea, Mich

RESIDENCE
(Address)

Chelsea Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

30
(Years)

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

26
(Years)

BIRTHPLACE

Dexter Twp. Mich

BIRTHPLACE

Lyndon Twp. Mich

OCCUPATION
(And Industry)

Electrician

OCCUPATION
(And Industry)

Housewife

Number of child of this mother

First

Number of children, of this mother, now living

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
a prophylaxis solution? Yes

(Signature)

Geo. Palmer M.D.

Dated 1-2 1919

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address

Chelsea Mich

supplemental report. 191

Filed Jan 3 1919

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

County of Washington

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____ St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILDFrederick - Paul Stieter

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

Sex of
childTwin,
triplet,
or other?} and { Number
in order
of birthLegiti-
mate?Date of
Birth(Month) _____ (Day) _____ (Year) 1917FULL
NAME

FATHER

Julius StieterRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

MichiganOCCUPATION
(And Industry)MusicianFULL
MAIDEN
NAME

MOTHER

Alma HoffmanRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

MichiganOCCUPATION
(And Industry)Housewife

Number of child of this mother

2

Number of children, of this mother, now living

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive - at 2 P. M.,
(Born alive or stillborn.)
on the date above stated.Have eyes of child been treated with
a prophylaxis solution? Yes(Signature) J. G. BushDated Jan 14 1917

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

Given or christian name added from a
supplemental report191Address Chelsea

Filed

1917

REGISTRAR.

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

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

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 90-2

PLACE OF BIRTH

County of Washtenaw

Township of Liberty

or

Village of Chelsea

or

City of Ann Arbor

(No. 1 St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILD

Keith E. Brown

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

Sex of
child

Male

Twin,
triplet,
or other?

No

and { Number
in order
of birth

Legiti-
mate?

Yes

Date of
Birth

Jan 20 -

1919

(Month) (Day) (Year)

FULL
NAME

FATHER

Edwin W. Brown

FULL
MAIDEN
NAME

MOTHER

Mary E. Brown

RESIDENCE
(Address)

Chelsea Mich

RESIDENCE
(Address)

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

20 -

(Years)

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

20

(Years)

BIRTHPLACE

Morshville Mich

BIRTHPLACE

North Adams Mich

OCCUPATION
(And Industry)

U. S. R. R. Freight Cgt

OCCUPATION
(And Industry)

At Home

Number of child of this mother First

Number of children, of this mother, now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 M., on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with

a prophylaxis solution? Yes

(Signature)

Charles Gulick M.D.

Dated

1/21 1919

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

Address

Chelsea

Given or christian name added from a

supplemental report 191

Filed

191

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Township of

or

Village of

or

City of

(No.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

St.,

Ward)

Registered No.

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

Sex of child <i>Female</i>	Twin, triplet, or other? <i>No</i>	and (Number in order of birth) <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>Jan - 6 - 1919</i> (Month) (Day) (Year)
FULL NAME <i>Edward Martin</i>	FATHER		FULL MAIDEN NAME <i>Ebra - L. Schiele</i>	MOTHER
RESIDENCE (Address) <i>Water - White</i>			RESIDENCE (Address) <i>Water - White</i>	
COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)		COLOR OR RACE <i>White</i>	AGE AT LAST BIRTHDAY <i>20</i> (Years)
BIRTHPLACE <i>Chicago - Ills.</i>			BIRTHPLACE <i>Bridgewater Mich.</i>	
OCCUPATION (And Industry) <i>Inspector Ford Motor Co.</i>			OCCUPATION (And Industry) <i>At Home</i>	
Number of child of this mother <i>First</i>			Number of children, of this mother, now living	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was *Born alive* at *10:35 P.* M., on the date above stated.
(Born alive or stillborn.)Have eyes of child been treated with a prophylaxis solution? *Yes*

(Signature)

Dated *Jan 8 1919*

Given or christian name added from a

Address

supplemental report 191

Filed 191

REGISTRAR.

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

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

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 82

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

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
 OF CHILD

Lawrence - E. Fische

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

Sex of
 child

Male

Twin,
 triplet,
 or other?

} and { Number
 in order
 of birth

Legiti-
 mate?

Yes

Date of
 Birth

Jan - 17 - 1919
 (Month) (Day) (Year)

FULL
 NAME

FATHER

Eggar E. Fische

FULL
 MAIDEN
 NAME

MOTHER

Olga Zelblaff

RESIDENCE
 (Address)

Chelsea Mich

RESIDENCE
 (Address)

Chelsea Mich

COLOR
 OR RACE

White

AGE AT LAST
 BIRTHDAY

20 -
 (Years)

COLOR
 OR RACE

White

AGE AT LAST
 BIRTHDAY

20
 (Years)

BIRTHPLACE

Stockbridge Mich

BIRTHPLACE

Germany

OCCUPATION
 (And Industry)

Machinist - (Auto)

OCCUPATION
 (And Industry)

House Wife

Number of child of this mother First

Number of children, of this mother, now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born Alive at 12:30 a
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
 a prophylaxis solution? Yes

(Signature)

Geo. W. Palmer

Dated 1-20-1919

(Attending physician, midwife, father, etc.)

Given or christian name added from a
 supplemental report 191

Address

Chelsea Mich

Filed

191

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of <u>Chelsea</u>		RECORD OF BIRTH	
Village of <u>Chelsea</u>		Registered No. <u>33</u>	
City of <u>Chelsea</u> (No. <u>32</u>)		St. <u> </u> Ward <u> </u>	
FULL NAME OF CHILD <u>Richard Herbert Collins</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <u>Male</u>	Twin, triplet, or other? <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 29, 1919</u>
(Number in order of birth <u> </u>)		(Month) <u>Jan.</u>	(Day) <u>29</u> (Year) <u>1919</u>
FULL NAME <u>Earl A. Collins</u>	FATHER	FULL MAIDEN NAME <u>Bertha Keller</u>	MOTHER
RESIDENCE (Address) <u>Chelsea</u>		RESIDENCE (Address) <u>Chelsea</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Michigan</u>		BIRTHPLACE <u>Michigan</u>	
OCCUPATION (And Industry) <u>Railroad</u>		OCCUPATION (And Industry) <u>None</u>	
Number of child of this mother <u>One</u>		Number of children, of this mother, now living <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 a M., on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes (Signature) J. T. Woods
Dated Jan 30 1919 (Attending physician, midwife, father, etc.)*

Given or christian name added from a supplemental report 1919 Address Chelsea
Filed Jan 31 1919 REGISTRAR.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Chelsea Washburn</u>		Department of State--Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>6</u>	
or City of _____		(No. _____ St. _____ Ward _____)	
FULL NAME OF CHILD <u>Ralph - Earl Myers</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Male</u>	Twin, triplet, or other? _____	{ and { Number in order of birth _____	Legitimate? <u>yes</u>
Date of Birth <u>Feb - 12</u>		191 <u>9</u>	
(Month) (Day) (Year)			
FULL NAME <u>John Myers</u>	FATHER	FULL MAIDEN NAME <u>Hettie Harrison</u>	MOTHER
RESIDENCE (Address) <u>Chelsea</u>		RESIDENCE (Address) <u>Chelsea</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Ohio</u>		BIRTHPLACE <u>Ohio</u>	
OCCUPATION (And Industry) <u>Frieman</u>		OCCUPATION (And Industry) <u>None</u>	
Number of child of this mother <u>fix</u>		Number of children, of this mother, now living <u>fix</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Feb 12 1919 at 190p M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? yes (Signature) J. I. Woods - M.D.
Given or christian name added from a supplemental report 191 Dated 191 (Attending physician, midwife, father, etc.)
Address Chelsea
Filed Feb 14 1919 W.B. Boyd -
per - J.E. Boyd - REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>7</u>	
or City of _____ (No. _____ St., _____ Ward)		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
FULL NAME OF CHILD <u>John Alfred Acker</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <u>Male</u>	Twin, triplet, or other? _____	Legitimate? <u>Yes</u>	Date of Birth <u>April 5th</u> , 191 <u>9</u>
	and (Number in order of birth) _____		(Month) (Day) (Year)
FULL NAME FATHER <u>John Alfred Acker</u>		FULL MAIDEN NAME MOTHER <u>Eleanor Welshman Bennett</u>	
RESIDENCE (Address) <u>Chelsea, Michigan</u>		RESIDENCE (Address) <u>Chelsea Michigan</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Allentown Pa.</u>		BIRTHPLACE <u>Shenandoah Va.</u>	
OCCUPATION (And Industry) <u>Supt. Michigan Portland Cement Co.</u>		OCCUPATION (And Industry) <u>House wife</u>	
Number of child of this mother <u>first</u>		Number of children, of this mother, now living <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 7:30 A.M.,
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with }
 a prophylaxis solution? } (Signature) A. A. Palmer M.D.

Given or christian name added from a supplemental report 191 Dated Apr 5, 1919
 Address Chelsea Michigan (Attending physician, midwife, father, etc.)
 Filed Apr 13th 1919 H. W. Freeman
 REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of Washtenaw

Township of _____

or

Village of Chelsea

or

City of _____

Registered No. 8

(No. _____ St. _____ Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

}

{ Number
in order
of birthLegiti-
mate?YesDate of
BirthApril 30, 1919

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Daniel A ParsonsRESIDENCE
(Address)Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY38

(Years)

BIRTHPLACE

Webster TownshipOCCUPATION
(And Industry)Farmer Michigan Portland
Cement Co.FULL
MAIDEN
NAME

MOTHER

Ameline Bunker HanselmannRESIDENCE
(Address)Porter MichiganCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY27

(Years)

BIRTHPLACE

Sunfield MichOCCUPATION
(And Industry)House wife

Number of child of this mother

2

Number of children, of this mother, now living

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Alton at 7 P M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution? Yes

(Signature)

A. A. Palmer M.D.

Dated

Apr 30 1919

(Attending physician, midwife, father, etc.)

Address

Chelsea MichiganGiven or christian name added from a
supplemental report _____ 1919

Filed

Apr 30 1919H. W. Freeman

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 221-9-16-500

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. See instructions on back.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

County of Kalamazoo
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

(No. _____)

St., _____ Ward _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

Registered No. 9FULL NAME
OF CHILD

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

Sex of child <u>Male</u>	Twin, triplet, or other? <u>no</u>	and (Number in order of birth _____)	Legitimate? <u>Yes</u>	Date of Birth <u>May 26</u> , 191 <u>9</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Albert A. Schoen</u> RESIDENCE (Address) <u>Chelsea Mich</u> COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>45</u> (Years) BIRTHPLACE <u>Freedom T. S. Mack C. Mich</u> OCCUPATION (And Industry) <u>Clergyman</u>			MOTHER FULL MAIDEN NAME <u>Hannah P. Eisen</u> RESIDENCE (Address) <u>Chelsea, Mich</u> COLOR OR RACE <u>White</u> AGE AT LAST BIRTHDAY <u>33</u> (Years) BIRTHPLACE <u>Bourbon Ill.</u> OCCUPATION (And Industry) <u>House wife</u>	
Number of child of this mother <u>Third</u>			Number of children, of this mother, now living <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
 a prophylaxis solution? Yes

(Signature) Andrew Gallo M.D.Dated 5/27 1919

Given or christian name added from a
 supplemental report _____ 1919

Address Chelsea MichFiled May 30 1919A. H. Freeman

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of WashtenawTownship of Sylvan

or

Village of Chelsea Mich

or

City of _____

(No. _____)

St. _____

Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No. 10FULL NAME
OF CHILD

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

Sex of

MaleTwin,
triplet,
or other?Noand (Number
in order
of birth)Legiti-
mate?Yes

Date of

Birth

May 15

(Month)

(Day)

1919

(Year)

FULL
NAME

FATHER

Wallace M. CombsRESIDENCE
(Address)Chelsea, MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY39

(Years)

BIRTHPLACE

Mercer Co., Penn.OCCUPATION
(And Industry)MachinistFULL
MAIDEN
NAME

MOTHER

Mary E. HollisRESIDENCE
(Address)Chelsea MichCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY24

(Years)

BIRTHPLACE

New Paris, OhioOCCUPATION
(And Industry)At homeNumber of child of this mother FourthNumber of children, of this mother, now living Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 11:20 M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution? Yes

(Signature)

Andreas Gulde M.D.Dated 5/20 1919Given or christian name added from a
supplemental report. 1919

Address

Chelsea Mich

Filed

May 25 1919H. H. Freeman

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 221—9-16-500

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. See instructions on back.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of _____

Registered No. 11or
Village of Chelseaor
City of _____(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILDAlice Ann Foster(If child is not yet named, make
supplemental report, as directed.)Sex of
childFemaleTwin,
triplet,
or other?✓ } and { Number
in order
of birthLegiti-
mate?YesDate of
BirthJune 8th 1917
(Month) (Day) (Year)FULL
NAME

FATHER

Engene FosterFULL
MAIDEN
NAME

MOTHER

Evelyn PierceRESIDENCE
(Address)ChelseaRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY39
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY43
(Years)

BIRTHPLACE

Michigan

BIRTHPLACE

MichiganOCCUPATION
(And Industry)PlumberOCCUPATION
(And Industry)HousewifeNumber of child of this mother 1Number of children, of this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution? Yes

(Signature)

S. G. BushDated June 11, 1917Physician
(Attending physician, midwife, father, etc.)Given or christian name added from a
supplemental report 191

Address

ChelseaFiled June 11, 1917H. H. Freeman

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of WashtenawTownship of Lafayette

or

Village of Chelsea

or

City of Ann Arbor

(No.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

St.,

Ward)

Registered No. 13FULL NAME
OF CHILDJane Catherine McGaffigan

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

Sex of
childFemaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?YesDate of
BirthJuly 181919FULL
NAME

FATHER

Matthew J. McGaffiganRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY

(Years)

BIRTHPLACE

Carthage Ill.OCCUPATION
(And Industry)ChemistFULL
MAIDEN
NAME

MOTHER

Bernadine HallRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY23
(Years)

BIRTHPLACE

Howell Ind.OCCUPATION
(And Industry)House wifeNumber of child of this mother: secondNumber of children, of this mother, now living two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Lain Alaine at 10 P.M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution? Yes

(Signature)

Ed. W. Palmer M.D.Dated 7/19 1919

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report 191

Address

ChelseaFiled July 21 1919N. K. Greenman

REGISTRAR.

Form 221—9-15-600
MARGIN RESERVED FOR BINDING.

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

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

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

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

Registered No. 14
St. _____ Ward _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Sex of child Male Twin, triplet, or other? _____ } and { Number in order of birth _____
Legitimate? _____ Date of Birth Aug 16, 1917
(Month) (Day) (Year)

FATHER
FULL NAME Herbert E. Hepburn
RESIDENCE (Address) Chelsea Mich.
COLOR OR RACE White AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Detroit
OCCUPATION (And Industry) Laborer

MOTHER
FULL MAIDEN NAME Myra Hunter
RESIDENCE (Address) _____
COLOR OR RACE White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Chelsea Mich.
OCCUPATION (And Industry) Housekeeper

Number of child of this mother 9th Number of children, of this mother, now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Aug 16 - 19 at 11-50 P. M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? yes }
(Signature) H. W. Schmidt
Dated Aug 18 1919 Physician
(Attending physician, midwife, father, etc.)
Address Chelsea Mich.
Filed Aug 18 1919 H. W. Freeman
supplemental report 191 REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>15</u>	
City of _____ (No. _____) St., _____ Ward _____		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
FULL NAME OF CHILD <u>John Richard French</u>		{ If child is not yet named, make supplemental report, as directed.	
Sex of child <u>Male</u>	Twin, triplet, or other? <u>Single</u> and { Number in order of birth _____	Legitimate? _____	Date of Birth <u>Aug 9</u> 191 <u>9</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Ray French</u>	FULL MAIDEN NAME MOTHER <u>Ruth Hunter</u>		
RESIDENCE (Address) <u>Chelsea</u>	RESIDENCE (Address) <u>Chelsea</u>		
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Michigan</u>	BIRTHPLACE <u>Michigan</u>		
OCCUPATION (And Industry) <u>Auto Mechanic</u>	OCCUPATION (And Industry) <u>Housewife</u>		
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 5 A.M. on the date above stated.
(Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? yes

(Signature) S. S. BushDated 191

Given or christian name added from a supplemental report. 191

Address ChelseaFiled Aug 9 1919(Attending physician, midwife, father, etc.) PhysicianJ. W. Freeman

REGISTRAR

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of WashtenawTownship of Lima

or

Village of Chelsea

or

City of _____

(No. _____)

St., _____

Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

No. _____

{ and { Number
in order
of birthLegiti-
mate?yesDate of
BirthAug 281919

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Ernest AdamRESIDENCE
(Address)Chelsea M.COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY36

(Years)

BIRTHPLACE

GermanyOCCUPATION
(And Industry)FarmerFULL
MAIDEN
NAME

MOTHER

Mary Eliz. SchaunoffRESIDENCE
(Address)Chelsea M.COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY32

(Years)

BIRTHPLACE

GermanyOCCUPATION
(And Industry)House wife

Number of child of this mother

3rd

Number of children, of this mother, now living

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 A.M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution? _____

(Signature)

A. A. Palmer M.D.Dated Aug 28 1919

(Attending physician, midwife, father, etc.)

Address

ChelseaGiven or christian name added from a
supplemental report. 1919Filed Aug 29 1919H. W. Freeman

REGISTRAR.

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

Form 931—9-15-500
MARGIN RESERVED FOR BINDING.

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

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. See instructions on back.

PLACE OF BIRTH
 County of Washtenaw
 Township of _____
 or
 Village of Chelsea
 or
 City of _____ (No. _____ St., _____ Ward)
 (If birth occurs in a hospital or other institution, give name of street and number.)
 FULL NAME OF CHILD Burtan Sannan { If child is not yet named, make supplemental report, as directed.

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

RECORD OF BIRTH

Registered No. 17

Sex of child <u>male</u>	Twin, triplet, or other? _____	and { Number in order of birth _____	Legitimate? _____	Date of Birth <u>Sept 7</u> , 191 <u>9</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Thomas Sannan</u> RESIDENCE (Address) <u>Chelsea</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>Canada</u> OCCUPATION (And Industry) <u>Auto Mechanic</u>			MOTHER FULL MAIDEN NAME <u>Dellish Grace</u> RESIDENCE (Address) <u>Chelsea</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>Ind.</u> OCCUPATION (And Industry) <u>Housewife</u>	
AGE AT LAST BIRTHDAY <u>26</u> (Years)			AGE AT LAST BIRTHDAY <u>25</u> (Years)	
Number of child of this mother <u>2</u>			Number of children, of this mother, now living <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M., on the date above stated.
 (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes

(Signature) L. S. Bush

Dated Sept 11, 1919

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

Given or christian name added from a

Address Chelsea

supplemental report 191

Filed 9/12

1919

H. W. Freeman

REGISTRAR.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>18</u>	
or City of _____		(No. _____ St. _____ Ward _____)	
FULL NAME OF CHILD <u>Josephine Irene Fisk</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child	Twin, triplet, or other? _____ } and { Number in order of birth _____	Legitimate? _____	Date of Birth <u>Sept 12</u> , 191 <u>7</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>Eduard Wallace Fisk</u>		FULL MAIDEN NAME <u>Averil A Harper</u>	
RESIDENCE (Address) <u>in Chelsea</u>		RESIDENCE (Address) <u>Chelsea</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Michigan</u>		BIRTHPLACE <u>Michigan</u>	
OCCUPATION (And Industry) <u>Engineer Stationary</u>		OCCUPATION (And Industry) <u>None</u>	
Number of child of this mother: <u>4</u>		Number of children, of this mother, now living <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Alive at 6³⁰ P. M., on the date above stated.
(Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes

Given or christian name added from a supplemental report. _____ 1917

(Signature) J. Woods
Dated Sept 15 1917
Address Chelsea
Filed Sept 15 1917
Physician
(Attending physician, midwife, father, etc.)
H. W. Truman
REGISTRAR.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of _____		Registered No. <u>19</u>	
or Village of <u>Chelsea</u>			
or City of _____			
(No. _____)		St. _____ Ward _____	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
FULL NAME OF CHILD <u>Virginia May Cleveland</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <u>Female</u>	Twin, triplet, or other? _____	and (Number in order of birth _____)	Legitimate? _____
Date of Birth <u>Sept 13</u> , 191 <u>9</u>		(Month) _____ (Day) _____ (Year) _____	
FULL NAME FATHER <u>Raymond Cleveland</u>		FULL MAIDEN NAME MOTHER <u>Harriett C. Washburn</u>	
RESIDENCE (Address) <u>Chelsea</u>		RESIDENCE (Address) <u>Chelsea</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Iowa</u>		BIRTHPLACE <u>Mich.</u>	
OCCUPATION (And Industry) <u>machinist</u>		OCCUPATION (And Industry) <u>none</u>	
Number of child of this mother <u>5</u>		Number of children, of this mother, now living <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was alive at 5 a. M.,
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with _____ (Signature) J. T. Woods
 a prophylaxis solution? Yes } Dated Sept 15, 1919 Physician
 (Attending physician, midwife, father, etc.)

Given or christian name added from a _____ Address Chelsea
 supplemental report _____ 191 _____ Filed Sept 15, 1919 H. W. Freeman
 REGISTRAR.

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

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

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

PLACE OF BIRTH
County of Washtenaw

Township of _____

or
Village of Chelsea

or
City of _____

Registered No. 20

(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD (no first name as yet) Home, Alice Bernice { If child is not yet named, make supplemental report, as directed.

Sex of child Female Twin, triplet, or other? _____ } and { Number in order of birth _____ Legitimate? yes Date of Birth Sept 30, 1919
(Month) (Day) (Year)

FULL NAME FATHER Thomas A. Home

RESIDENCE (Address) Chelsea Mich

COLOR OR RACE white AGE AT LAST BIRTHDAY 44
(Years)

BIRTHPLACE Waterloo

OCCUPATION (And Industry) Laborer

FULL MAIDEN NAME MOTHER Alice T Mc Guire

RESIDENCE (Address) Chelsea Mich

COLOR OR RACE white AGE AT LAST BIRTHDAY 42
(Years)

BIRTHPLACE Dexter Mich

OCCUPATION (And Industry) Housewife

Number of child of this mother Twelve Number of children, of this mother, now living nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a.m.,
(Born alive or stillborn.)
on the date above stated.

Have eyes of child been treated with a prophylaxis solution? Yes (Signature) G. W. Palmer
Dated 10/1 1919
(Attending physician, midwife, father, etc.)

Given or christian name added from a supplemental report. 191____ Address Chelsea Mich
Filed Oct 2 1919 G. W. Freeman
REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

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

RECORD OF BIRTH

Registered No. 21(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILDNot named

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

Sex of child <u>Female</u>	Twin, triplet, or other? <u>No</u>	and {	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Oct 3</u> , 191 <u>9</u> (Month) (Day) (Year)
FATHER				MOTHER	
FULL NAME <u>Mrs Albert Ashfal.</u>				FULL MAIDEN NAME <u>Lila J. Hagadon.</u>	
RESIDENCE (Address) <u>Chelsea Mich</u>				RESIDENCE (Address) <u>Chelsea Mich.</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)			COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Germany.</u>			BIRTHPLACE <u>Walz Mich.</u>		
OCCUPATION (And Industry) <u>machinist</u>			OCCUPATION (And Industry) <u>at home.</u>		
Number of child of this mother <u>second.</u>				Number of children, of this mother, now living <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 5:20 P.M.
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
 a prophylaxis solution? _____

(Signature) Andrus GuildsDated 10/4 1919

Given or christian name added from a
 supplemental report _____ 1919

(Attending physician, midwife, father, etc.) M.D.Address Chelsea Mich.Filed Oct 5 1919H. W. Freeman

REGISTRAR.

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

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

STATE OF MICHIGAN
Department of State—Division of Vital Statistics
RECORD OF BIRTHPLACE OF BIRTH
County of Western
Township of _____
or
Village of Chelsea
or
City of _____Registered No. 22(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME OF CHILD Dead Unnamed

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

Sex of child Male Twin, triplet, or other? no } and { Number in order of birth _____ Legitimate? Yes Date of Birth Oct 8, 1919
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <u>Mike Zell</u>	FULL MAIDEN NAME <u>Mary Krantner</u>	FULL NAME <u>Mike Zell</u>	FULL MAIDEN NAME <u>Mary Krantner</u>
RESIDENCE (Address) <u>Chelsea Mich.</u>	RESIDENCE (Address) <u>Chelsea Mich.</u>	RESIDENCE (Address) <u>Chelsea Mich.</u>	RESIDENCE (Address) <u>Chelsea Mich.</u>
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>✓</u> (Years)
BIRTHPLACE <u>Austria Hungary</u>	BIRTHPLACE <u>Austria Hungary</u>	BIRTHPLACE <u>Austria Hungary</u>	BIRTHPLACE <u>Austria Hungary</u>
OCCUPATION (And Industry) <u>Labor. Cement Plant</u>	OCCUPATION (And Industry) <u>At home</u>	OCCUPATION (And Industry) <u>At home</u>	OCCUPATION (And Industry) <u>At home</u>

Number of child of this mother 3rdNumber of children, of this mother, now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Stillborn at 2 a. M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with } (Signature) Andrew Geller M.D.
a prophylaxis solution? } Dated 10/11 1919Given or christian name added from a } Address Chelsea Mich.
supplemental report. 1919 Filed Oct 12 1919 H. W. F. rechner

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics	
Township of		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>23</u>	
or City of		(No. St. Ward)	
FULL NAME OF CHILD		(If child is not yet named, make supplemental report, as directed.)	
<u>Not named</u>		<u>Arch Boyce</u>	
Sex of child	Twin, triplet, or other?	Legitimate?	Date of Birth
<u>Female</u>	<u>Male</u> } and { Number in order of birth <u>1</u>		<u>Oct 30, 1919</u>
FULL NAME FATHER		FULL MAIDEN NAME MOTHER	
<u> Lloyd S. Boyce</u>		<u> Florence E. Nash</u>	
RESIDENCE (Address)		RESIDENCE (Address)	
<u>Chelsea</u>		<u>Chelsea</u>	
COLOR OR RACE	AGE AT LAST BIRTHDAY	COLOR OR RACE	AGE AT LAST BIRTHDAY
<u>White</u>	<u>28</u> (Years)	<u>White</u>	<u>25</u> (Years)
BIRTHPLACE		BIRTHPLACE	
<u>Lyndon Tp. Washt. Co. Mich.</u>		<u>Dexter Tp. Washt. Co.</u>	
OCCUPATION (And Industry)		OCCUPATION (And Industry)	
<u>Fireman Stationary Engine</u>		<u>Home</u>	
Number of child of this mother		Number of children, of this mother, now living	
<u>3</u>		<u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 10 M., on the date above stated.

Have eyes of child been treated with a prophylaxis solution? Yes

Given or christian name added from a supplemental report 191

(Signature) A. G. G. M. G.

Dated 11/11/1919

Address Chelsea Mich.

Filed 11-2-1919

(Attending physician, midwife, father, etc.)

W. W. Freeman

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County of

Nashtraw

Township of

or

Village of

Chelsea M.

or

City of

(No.

St.,

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILD

Marion Bell Cleveland

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

Female

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

Oct 31

1917

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Merte Cleveland

RESIDENCE
(Address)

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

22

(Years)

BIRTHPLACE

Guthrie, Iowa

OCCUPATION
(And Industry)

Steel Grinder

FULL
MAIDEN
NAME

MOTHER

Florence Tompkins

RESIDENCE
(Address)

Chelsea M.

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

22

(Years)

BIRTHPLACE

Grant Mich.

OCCUPATION
(And Industry)

Domestic

Number of child of this mother

1

Number of children, of this mother, now living

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 10:40^{AM},
 on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
 a prophylaxis solution?

(Signature)

H. W. Schmidt

M.D.

Dated

Oct 31 1917

(Attending physician, midwife, father, etc.)

Address

Chelsea Mich.

Given or christian name added from a
 supplemental report. 191

Filed

11-3

1917

H. W. Freeman

REGISTRAR.

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

MARGIN RESERVED FOR BINDING.

Form 331—9-15-500

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. See instructions on back.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County of Washtenaw

RECORD OF BIRTH

Township of SylvanRegistered No. 25or
Village of Chelseaor
City of _____(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILDAndrew Nicholas Shandalla(If child is not yet named, make
supplemental report, as directed.)Sex of
childMaleTwin,
triplet,
or other?noand { Number
in order
of birth1Legiti-
mate?yesDate of
BirthDec 61919FULL
NAME

FATHER

John T. ShandallaFULL
MAIDEN
NAME

MOTHER

Mary M. WrittenRESIDENCE
(Address)ChelseaRESIDENCE
(Address)ChelseaCOLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY33
(Years)COLOR
OR RACEWhiteAGE AT LAST
BIRTHDAY32
(Years)

BIRTHPLACE

Austria Hungary

BIRTHPLACE

Old Forge, Penn.OCCUPATION
(And Industry)L. S. & Co. LaborerOCCUPATION
(And Industry)at home

Number of child of this mother

Second

Number of children, of this mother, now living

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 P.M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution? yes

(Signature)

Andrew Gille M.D.Dated 12/8, 1919

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report _____ 191

Address

ChelseaFiled 12/8, 1919W. J. Reman

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of

Waukegan

Township of

Sylvan

or

Village of

Chelsea

or

City of

(No.

St.,

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No.

26

FULL NAME
OF CHILD

Not named.

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

Female

Twin,
triplet,
or other?

No

{ Number
in order
of birth

1

Legiti-
mate?

Yes

Date of
Birth

Dec 9

1919

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Lawrence W. Umstead

RESIDENCE
(Address)

Detroit Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

27

(Years)

BIRTHPLACE

Pottstown Penn

OCCUPATION
(And Industry)

Butcher

FULL
MAIDEN
NAME

MOTHER

Aime E. Hagadon

RESIDENCE
(Address)

Detroit Mich

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

18

(Years)

BIRTHPLACE

New Boston Mich

OCCUPATION
(And Industry)

at home.

Number of child of this mother

1st

Number of children, of this mother, now living

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was

born alive

(Born alive or stillborn.)

cert stated
at 5:25 PM,

on the date above stated.

Have eyes of child been treated with
a prophylaxis solution? Yes.

(Signature)

Andrus Gulde M.D.

Dated

12/11 1919

(Attending physician, midwife, father, etc.)

Address

Chelsea Mich

Given or christian name added from a
supplemental report. 191

Filed

12/11 1919

REGISTRAR.

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

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

MARGIN RESERVED FOR BINDING.

Form 331—9-15-600

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN	
County of <u>Wayne</u>		Department of State--Division of Vital Statistics	
Township of <u>Silver</u>		RECORD OF BIRTH	
or Village of <u>Chelsea</u>		Registered No. <u>27</u>	
or City of _____ (No. _____) St. _____ Ward _____		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
FULL NAME OF CHILD <u>Not named as yet</u>		(If child is not yet named, make supplemental report, as directed.)	
Sex of child <u>Male</u>	Twin, triplet, or other? <u>No</u>	and (Number in order of birth _____)	Legitimate? <u>Yes</u>
Date of Birth <u>Dec 16,</u> 191 <u>9</u>		(Month) (Day) (Year)	
FULL NAME <u>Wm J. Hepburn</u>	FATHER	FULL MAIDEN NAME <u>Maggie L. Hudson</u>	MOTHER
RESIDENCE (Address) <u>Chelsea</u>		RESIDENCE (Address) <u>Chelsea</u>	
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>52</u> (Years)	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Detroit Mich</u>		BIRTHPLACE <u>White Oak Mich</u>	
OCCUPATION (And Industry) <u>Auto assembler</u>		OCCUPATION (And Industry) <u>at home</u>	
Number of child of this mother <u>Third</u>		Number of children, of this mother, now living <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 5:40 P. M., on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with a prophylaxis solution? Yes } (Signature) Anders Gulde M.D.

Given or christian name added from a supplemental report 191 9 Dated 12/18 1919 Address Chelsea Mich (Attending physician, midwife, father, etc.)

Filed 12/20 1919 J. W. Freeman

REGISTRAR.

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

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

PLACE OF BIRTH
County of Washtenaw
Township of Spilan
or
Village of
or
City of (No. (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. Ward)

RECORD OF BIRTH

Registered No. 28

FULL NAME
OF CHILD

Eleanor M. Barth

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

Sex of
child

Female

Twin,
triplet,
or other?

{ and { Number
in order
of birth

Legiti-
mate?

yes

Date of
Birth

December 16, 1918
(Month) (Day) (Year)

FULL
NAME

FATHER

Oscar R. Barth

RESIDENCE
(Address)

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

33
(Years)

BIRTHPLACE

Michigan

OCCUPATION
(And Industry)

Carpenter

FULL
MAIDEN
NAME

MOTHER

Mabel M. Stanfield

RESIDENCE
(Address)

Chelsea

COLOR
OR RACE

White

AGE AT LAST
BIRTHDAY

24
(Years)

BIRTHPLACE

Michigan

OCCUPATION
(And Industry)

none

Number of child of this mother

One

Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 4:15 M.,
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with
a prophylaxis solution? yes

(Signature)

J. L. Woods

Dated Dec 15 1918

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

Given or christian name added from a
supplemental report. 191

Address

Chelsea

Filed

Jan 6 1919

H. W. Freeman

REGISTRAR.

MARGIN RESERVED FOR BINDING.

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

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

PLACE OF BIRTH

County of Washtenaw
 Township of Sylvan
 or
 Village of Chelsea
 or
 City of _____

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

RECORD OF BIRTH

Registered No. 291(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILDFlorence Marion Rogers

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

Sex of
childFemaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?yesDate of
BirthJanuary 231920
(Month) (Day) (Year)FULL
NAMELow L. Rogers

FATHER

FULL
MAIDEN
NAMEFlorence M. Martin

MOTHER

RESIDENCE
(Address)Chelsea MichRESIDENCE
(Address)Chelsea, Mich.COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY39
(Years)COLOR
OR RACEwhiteAGE AT LAST
BIRTHDAY38
(Years)

BIRTHPLACE

Stockbridge, Mich

BIRTHPLACE

Reading, MichOCCUPATION
(And Industry)Book KeeperOCCUPATION
(And Industry)Housewife

Number of child of this mother

Birth

Number of children, of this mother, now living

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.,
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution? Yes

(Signature)

G. W. PalmerDated 1-26 1920

Address

Chelsea Mich

(Attending physician, midwife, father, etc.)

Given or christian name added from a
supplemental report _____ 191Filed 1/26/20 191H. W. Freeman

REGISTRAR.

PLACE OF BIRTH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

RECORD OF BIRTH

County of Westland

Township of _____

or

Village of Chelsea

or

City of _____

(No. _____ St. _____ Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME
OF CHILDCarmen Le Roy Slocum{ If child is not yet named, make
supplemental report, as directed.Sex of
childMaleTwin,
triplet,
or other?{ and { Number
in order
of birthLegiti-
mate?yesDate of
BirthFeb 4 - 20, 1911
(Month) (Day) (Year)FULL
NAME

FATHER

Carmen Le Roy SlocumRESIDENCE
(Address)ChelseaCOLOR
OR RACEW.AGE AT LAST
BIRTHDAY21
(Years)

BIRTHPLACE

MuskegonOCCUPATION
(And Industry)LaborerFULL
MAIDEN
NAME

MOTHER

Mary Magdalen SchuytRESIDENCE
(Address)ChelseaCOLOR
OR RACEW.AGE AT LAST
BIRTHDAY20
(Years)

BIRTHPLACE

ChelseaOCCUPATION
(And Industry)Housewife

Number of child of this mother

1

Number of children, of this mother, now living

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M.
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with
a prophylaxis solution?

(Signature)

L. W. Palmer

Dated

Mar 2 1911

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

Address

ChelseaGiven or christian name added from a
supplemental report191

Filed

Mar 2-20 1911L. W. Palmer

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. See instructions on back.

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

MARGIN RESERVED FOR BINDING. Form 221—9-16-600