### STATE OF MICHIGAN

# Department of State—Division of Vital Statistics

## REGISTER OF BIRTHS

PUBLIC ACT NO. 330 OF 1905

Illiage of Philase.

Type Gounty of Wash Senew Feb. 4.

From 1916, to Mary 20 , 191

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

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.

£	PLACE OF BIRTH	STATE OF	STATE Department of Sta	OF MICHIG	
County o	rache	inall		ORD OF BIRTH	County of / 24
Township	of N	70 00000		Register	ed No 25 VOT
Village o	Thelsea			seine .	Village of Life Col
City of	· As	(No			Ward)
FULL N	Sir 011	(If birth occurs i	n a hospital or other institution, g	ive name of same instead of	street and number.) o will
OF CHI		il Frye		{I s	f child is not yet named, make upplemental report, as directed.
on pack.	Twin, triplet, or other?	and Number in order of birth	Legiti-	te of June	30, 1916 (Day) (Year)
H O PULL	Trover 1	ER LIUM MAGCIAM MAM	FIEL WAIDEN NAME	MOTHER	WAME TO
X o	ann ar	in the same	RESIDENCE (Address)	in Art	(matth)
M S COLOR OR RACE	white	AGE AT LAST BIRTHDAY (TESIS)	or race		AT LAST 22 (Years)
BIRTHPLAC	mr bour	in //a	BIRTHPLACE	Bridge	water
(And Industr	PRO	man!	OCCUPATION (And Industry)	benefic !	Cast Industry
7 F	ber of child of this mother	first	Number of children, of this	mother, now living	One.
each i	ĆE!	RTIFICATE OF ATTENDI	NG PHYSICIAN OR I	MIDWIFE.*	
I herel	by certify that I attende	ed the birth of this child, wh	10 Was	malin	c at J NM.
	te above stated.	Horn after or still	X// Born	alive or stillborn.)	Oxe particular and a
Have	eyes of child been tro	eated with (Signature).	N.W.	Ehmes	a may
a prophy	laxis solution?	Dated kes	e3016	21 P. 1 1	a Serena vertica accessor sere
8	or christian name ad	aller 1 10 11	Ches	(Attending physician, mi	dwife, father, etc.
1	ntal report		4 7 1016	WAR!	Januels
. HARTEIL		T			REGISTRAR.

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

County of County	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics  RECORD OF BIRTH
Township of Village of Chelesa  City of (No	Registered No. 27
FULL NAME OF CHILD  (H 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 Twin, triplet, or other? and Number in order of birth // or	Legitimate? Birth (Month) (Day) (Year)
adam/faist	FULL MOTHER MOTHER NAME WELL
(Address) Chlora	RESIDENCE (Address)
OR RACE WHILL BIRTHDAY (Fears)	COLOR OR RACE SIGNATURE OF RACE (Years)
BIRTHPLACE Mich	BIRTHPLACE
(And Industry) Chalomobile dealer	OCCUPATION (And Industry)
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	7
I hereby certify that I attended the birth of this child, who con the date above stated.  Have eyes of child been treated with a prophylaxis solution?  Dated. 7	Born alive or stillborn.)  1916
Given or christian name added from a Address supplemental report 191 Filed	1916 Well Daniel

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.
ITE PLAIRLY, WITH UNF	of more than one child at a birth
WR	N. B.—In case

STATE OF ME		OF MICHIGAN eDivision of Vital Statistics
unau	RECO	RD OF BIRTH
		Registered No.
		Village of Children
(No		St., Ward
(If birth occu	rs in a hospital or other institution, gr	O TO THE REST
ar Vencer	el your	If child is not yet named, mal supplemental report, as directed
et. and in order	Legiti-	rth July 6 , 181 6
ATHER LA	FULL MAIDEN NAME	MOTHER
lace	RESIDENCE (Address)	Vilesa-
AGE AT LAST (Years)	COLOR OR RACE	AGE AT LAST 27
indon Tu	6 BIRTHPLACE	shills buch
ur "	OCCUPATION (And Industry)	Yourwell
ler 2 24	Number of children, of this	mother, now living
CERTIFICATE OF ATTEN	DING PHYSICIAN OF N	AIDWIRE *
August and august and	0	lu 6 " 4/M
(modh(Newylli moll)	Born	alive or Allborn.)
(Signature	) 6 15	rogan
10 } 2000	1/29101 h	Have eyes or child local treated wi
	1 11-01	(Attending physician, midwife, father, etc.")
added from a Address	nuceo	Chox 1
191 Filed	4 1916	N.A Deullo
	ATHER  AGE AT LAST BIRTHDAY  CERTIFICATE OF ATTEN  tended the birth of this child,  en treated with  Dated  Dated  Address	(No. (If birth occurs in a hospital or other institution, give ther? and Number leading the company of the comp

PLACE OF BIRTH IM 30 STATE	STATE OF MICHIGAN
County of Wash	Department of StateDivision of Vital Statistics
Township of	RECORD OF BIRTH
or P/	Registered No. 29
Village of Musica	Village of
City of (No.	St., Ward
OF CHILD Thomas Ker	a hospital or other institution, give name of same instead of street and number.)  Ward  (If child is not yet named, make supplemental report, as directed
Sex of twin, triplet, triplet, or other triplet, or other triplet.	Legiti- mate? (L. Birth (Month) (Day) (Year
NAME Thomas Kend Walnut	FULL MOTHER MOTHER NAME
(Address) Chelse	RESIDENCE (Address) Chelina
OR RACE Whole BIRTHDAY (Years)	COLOR OR RACE / MACE AT LAST DIE BIRTHDAY (Years)
Mich	BIRTHPLACE
(And Industry) Muschaul	(And Industry) Housewell
Number of child of this mother.	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	
on the date above stated.	(Born alive stillborn.)
Have eyes of child been treated with	MBush
a prophylaxis solution? Dated Jeps	12316 Physicia
Given or christian name added from a Address	(Attending physician, midsale, father, etc.")
supplemental report 191 Filed ULL	4 191/6 / Maland

PLACE OF BIRTH

STATE OF MICHIGAN

County of Cush	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
Township of	RECORD OF BIRTH
or	Registered No. 3
Village of O	Village of Cheleson
City of las les 11 x (No.	St., Ward)
FULL NAME Pobers	bospital or other institution, give name of same instead of street and number.)  Lead of street and number.)  If child is not yet named, make supplemental report, as directed.
Sex of triplet, or other?	Legiti- mate? Birth Of 6, 1916
Clyde Gunder	FULL MOTHER MAIDEN NAME
(Address) Chelsea	RESIDENCE (Address) Philsea
OR RACE while BIRTHDAY (Years)	COLOR OR RACE White BIRTHDAY (Years)
endeana'	BIRTHPLACE Michigan
(And Industry) Machinish	OCCUPATION (And Industry)
Number of child of this mother.	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIPP *
I hereby certify that I attended the birth of this child, who	
on the date above stated.	wasat
	Myood ma
have eyes of child been treated with	
a prophylaxis solution? Dated: L. U.	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	helse -
supplemental report 191 Filed ///	3 1916 WB Samuel

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WALLE FAMILY, WITH ON SPINS INC. THE SECOND SECOND	W R To case of more than one child at a birth. a SEPARATE RETURN must be made for each, and the n
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PLACE OF BIRTH	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of hash	RECORD OF BIRTH A 10 to county of
Township of or	Registered No. 32
Village of	Village of
city of Chelsea (No. (If birth occurs in	St., Ward) 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 triplet, or other? and Number in order of birth	Legitimate? Los Date of Oct , 16 , 186 (Year)
FULL MANE Will Dall	FULL MOTHER MAIDEN NAME  MANA DELEGATION
RESIDENCE (Address) Cheleca	RESIDENCE (Address)
or race whele BIRTHDAY (Years)	or RACE white BIRTHDAY (Years)
mich.	BIRTHPLACE
OCCUPATION (And Industry)	(And Industry)
Number of child of this mother function	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, who	o was (Born alive or stillborn.)
on the date above stated.	Leo W Palmer
Have eyes of child been treated with	Have eyes of child been freated with
a prophylaxis solution?	(Attending physician, midwife, father etc.*)
Given or christian name added from a Address	Chelsea mich
The state of the s	V. 3 100 MADanil
supplemental report 191 Filed	REGISTRAR.

PLACE OF BIRTH M TO STATE	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of Wash	RECORD OF BIRTH
Village of Chelsan (No.	Registered No
FULL NAME Rodger Erus	under II child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, or other? and { Number in order of birth	Legity Birth (Month) (Day) (Year)
NAME ( to Senderer)	MAIDEN MAIDEN MALAREL Coal
RESIDENCE (Address) Chelson	RESIDENCE (Address) Chefsea
OR RACE while AGE AT LAST 28 BIRTHDAY (Years)	OR RACE while SIRTHDAY (Years)
BIRTHPLACE Mich	BIRTHPLACE Much
OCCUPATION (And Industry) Druggigh,	OCCUPATION (And Industry) Kausewife
Number of child of this mother Jess	Number of children, of this mother, now living Ent.
CERTIFICATE OF ATTENDIT	NG PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, wh	o was Both alive or stillborn.)
on the date above stated.  Have eyes of child been treated with  (Signature)	Mark chee of cultural party and a safety and a
a prophylaxis solution? Dated Oct	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address supplemental report 191 Filed	1/3 106 MRDanies
	REGISTRAR.

STATE OF BIRTH	STATE OF MICHIGAN
County of Mash	Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of	Registered No.
or Opelaca	Registered No.
Village of Oreco	30
City of (No. (If birth occurs in a	St.,
OF CHILD Juseph H The M	If child is not yet named, m
A - I - I - I - I - I - I - I - I - I -	supplemental report, as direct
Sex of triplet, or other?	Legiti- mate? (Month)  Date of Birth (Month)  (Day)  (Y
NAME Chas G. Rell	MAIDEN NAME COLL STATE LE
(Address) Chelsea.	RESIDENCE (Address) Chelsea (
OR RACE White BIRTHDAY 30  (Years)	or race hile BIRTHDAY (Years)
BIRTHPLACE Crange Trop . C	BIRTHPLACE New Soracy
(And Industry) Labour	(And Industry) Somestile
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	was aline at 5 N
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with	1 W Jehnest:
a prophylaxis solution? Dated	131016 physicia
	(Aftending physician, midwife, father, etc.")
Over or emission name desce from a	1 2 12 2
supplemental report 191 Filed	18 101 6 MM Dance

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PLACE OF BIRTH	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Washlenau	RECORD OF BIRTH
Township of	Registered No. 95
Village of helsea,	to egaliv
or (No. (If birth occurs in a he	ospital or other institution, give name of same instead of street and number.)
FULL NAME Semale fagas	[If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, child Cor ather? and Number in order of birth	Legitimate? Jeo Date of Birth (Month) (Day) 196 5
FATHER Hangalon	FULL MOTHER MAIDEN NAME CAUSILLO Eberlos of
RESIDENCE (Address) Chelsia.	RESIDENCE (Address) Chelsea g
OR RACE white BIRTHDAY. (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE Walty Mich	Perw Indiana "
(And Industry) Bay Junder.	(And Industry) Jamestic
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	(Born alive or stillborn.)
on the date above stated.	And and Could
Have eyes of child been treated with	WWW Comments
a prophylaxis solution? Dated UN	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	Philses
supplemental report 191 Filed	3 1010 MR DELINAR

STATE OF HTRIE TO BALL	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of Washlenau	RECORD OF BIRTH
Township of	Registered No.
Village of Cheken	Valley of
or (No	
City of (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 famale triplet, or other? and of birth	Ore Legiti- Les. Date of Jan 6, 1817
PULL NAME Carl & Mash	MAIDEN COM MOTHER MAIDEN NAME TO LA MANUEL MAIDEN MOTHER
RESIDENCE (Address) Chelsean	RESIDENCE (Address) Chelses Much
or race white . Age at Last #	O COLOR OR RACE While BIRTHDAY 3.
BIRTHPLACE	BIRTHPLACE Much
(And Industry) Machinist	(And Industry) at Home
	Number of children, of this mother, now living Laws
Number of child of this mother	number of children, of this mother, now it in a
CERTIFICATE OF ATT	ENDING PHYSICIAN OR MIDWIFE.*
CERTIFICATE OF ATT	ENDING PHYSICIAN OR MIDWIFE.*
CERTIFICATE OF ATT  I hereby certify that I attended the birth of this chi on the date above stated.	TENDING PHYSICIAN OR MIDWIFE.*
CERTIFICATE OF ATT I hereby certify that I attended the birth of this chi on the date above stated.  Have eyes of child been treated with	cending physician or Midwife.*  at// * M.  (Born alive or stillborn.)  Charles Govelle.
CERTIFICATE OF ATT  I hereby certify that I attended the birth of this chi on the date above stated.  Have eyes of child been treated with a prophylaxis solution?	ENDING PHYSICIAN OR MIDWIFE.*  ild, who was
CERTIFICATE OF ATT I hereby certify that I attended the birth of this chi on the date above stated.  Have eyes of child been treated with	ENDING PHYSICIAN OR MIDWIFE.*  ild, who was

STATE OF STATE TO STATE	STATE OF MICHIGAN
County of Fash	Department of StateDivision of Vital Statistics
Township of Village of Chelica  Or City of (If birth occurs in	Registered No. 37 St.,
FULL NAME Mask	{ If child is not yet named, make supplemental report, as directed.
Sex of child male Twin, triplet, triplet, or other win and In order of birth line	Legitimate? Date of Saul 6 197 (Year)
PATHER MANE Carl Mosh	MAIDEN Sevenful
RESIDENCE (Address) Chelsear	RESIDENCE (Address) Chelsea
OR RACE white BIRTHDAY (Years)	OR RACE white SIRTHDAY (Years)
BIRTHPLACE Germans	BIRTHPLACE Much
(And Industry) Machinish	(And Industry) Wt Home
Number of child of this mother Dhireh	Number of children, of this mother, now living
	ING PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, wh	(Born alive or stillborn.)
on the date above stated. (Signature)	Mudgaes Tould
Have eyes of child been treated with	w 9 191 7
a prophylaxis solution i	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	June 7 H Daniel
supplemental report 191 Filed	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.

STATE OF WHTHIS TO STALE	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of Mash	RECORD OF BIRTH
Township of Village of Chelsus	Registered No. 3 PrivoT
City of (No. (If birth	St., Ward)
FULL NAME OF CHILD	[If child is not yet named, make supplemental report, as directed.
Sex of the triplet, or other? and \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Legitimate? Date of Birth (Day), 191.7
	FULL MAIDEN MOTHER MOTHER MAIDEN NAME MANGE M Guston
RESIDENCE (Address) Chelow	RESIDENCE (Address)
OR RACE While SIRTHDAY (Years	7 COLOR OR RACE White BIRTHDAY (YEARS)
BIRTHPLACE Mich.	BIRTHPLACE Much
(And Industry) Labour.	(And Industry) Jourse wife
Number of child of this mother Ahard	Number of children, of this mother, now living
CERTIFICATE OF ATT	TENDING PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this chi	uild, who was at a M.,
on the date above stated.	on the date above stated.
Have eyes of child been treated with	Have eyes of child neen treated with
a prophylaxis solution?	(Attending physician, midwife, father, etc. )
Given or christian name added from a Addres	ss blace later
supplemental report 191 Filed	Jan 20017 Manualla

In case of more 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.

County of	BIRTH M TO	STATE partiment of State			CHIGAN On of Vital Statistics	/
Township of	1.	0338		RECORD OF E	Registered No. 39	woT
Village of or City of	usea	(No. (If, birth occurs	in a hospital or other inst	itution, give name of san	St.,	(ard)
FULL NAME OF CHILD	u)	Tool	aro		If child is not yet named,	, make
Sex of child	Twin, triplet, or other?	and { Number in order of birth	Legiti- mate?	Date of Birth	Jace / 8 , 191	Z (Year)
FULL NAME Lan	FATHER atus!	Forder	FULL MAIDEN NAME		HER Sentan	
RESIDENCE (Address)	Chel	201	RESIDENCE (Address)	Chi	la cai	63 63
COLOR OR RACE	hile AGE A	T LAST 26	COLOR OR RACE	while	AGE AT LAST BIRTHDAY (Years)	200
BIRTHPLACE	A	aly	BIRTHPLACE	En	eland	resu
OCCUPATION (And Industry)	Fruit	Mun	OCCUPATION (And Industry)	al	Jonne.	sciei (
Number of child of	this mother	hund	- Number of children	n, of this mother, now l	ving Pruo.	
or.	CERTIFICA	TE OF ATTENDI	NG PHYSICIAN	OR MIDWIFE.		
	at I attended the bi	rth of this child, wi	ho was	(Born alive or stillborn	lese 1500	м.,
on the date above st	The second second	(Signature)	11.	don't same	9.11.	no.
BUTTO PART OF THE	ild been treated wi	th]	4.7	and the	nose pind to some	
a prophylaxis solut	ion?	Dated	uleo1	(Attending )	hysician, midwife, father, etc.")	4.4.
Given or christia	n name added from	n a Address	chelo	ru .		
supplemental report	191	Filed	au 2/1917	200	Na Jane	d

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REC	ach, and
ANENI	ade for
PERM	st be m
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.
THIS	E RETI
S II	SPARAT
FADIR	th, a SI
20.11	at a bir
I W	ne child each in
All I	than or
1 2 2	of more
*	In case
	N. B.

County of Registered No.  Township of Registered No.  Village of St., Ward  City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  FULL NAME OF CHILD (Sumber Legitimate) Twin.  Twin.  triplet.  and in order of high professor of the birth of the bir	STATE OF MI HTRIE 30 30AIG	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
Village of City of Cit	county of Mashlensee	Sharking at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Village of City of (II birth occurs in a bospital or other institution, give name of same instead of street and number of child of this mother (Years)  Namber of child of this mother (Years)  Number of child of this mother (Signature)  Number of child been treated with a prophylaxis solution?  Given or christian name added from a supplemental report.  II filed Address (Address)	Cownship of	Registered No.
City of (II birth occurs in a hospital or other institution, give name of same instead of street and number of child made of street and number in order of birth (II birth occurs in a hospital or other institution, give name of same instead of street and number of child made of street and number in order or order in order order in order or order in order or order in order or order in order orde	fillage of Children	
COLOR AGE AT LAST SIRTHDAY. (Year)  RESIDENCE (Address)  COLOR CARCE  COCUPATION (And Industry)  Number of child of this mother  Number of child of this mother  Number of child of this mother  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*  I hereby certify that I attended the birth of this child, who was given or christian name added from a supplemental report.  Given or christian name added from a supplemental report.  (If child is not yet named, mak supplemental report, as directed and number.)  (If child is not yet named, mak supplemental report, as directed and number.)  (If child is not yet named, mak supplemental report, as directed and number.)  (If child is not yet named, mak supplemental report, as directed and number.)  (If child is not yet named, mak supplemental report, as directed and number.)  (If child is not yet named, mak supplemental report, as directed and number.)  (If child is not yet named, mak supplemental report, as directed and number.)  (If child is not yet named, mak supplemental report, as directed and number.)  (If child is not yet named, mak supplemental report, as directed and number.)  (If child is not yet named, mak supplemental report, as directed and number.)  (Regition, given of child and number.)  (If child is not yet named, mak supplemental report, as directed and number.  (Regition, given of child and number.)  (Regition, given of child and supplemental report, as directed and number.)  (Regition, given of the supplemental report, as directed and number.)  (Regition, given of this mother, now living.)  (Regition, given of the supplemental report, as directed and number.)  (Regition, given of the supplemental report, as directed and number.)  (Regition, given of the supplemental report, as directed and number.)  (Regition, given of the supplemental report, as directed and number.)  (Regition, given of the supplemental report, as directed and number.)  (Regition, given of the supplemental report, as directed and number.)  (Regition, given of the supplemental report, as dis	or (No	
Sex of child made triplet triplet or other? and formate of child made triplet triplet triplet or other? and formate of child made triplet trip	ity of (If birth occurs in	a hospital or other institution, give name of same instead of street and number.)
TOOLOR OR RACE  SIRTHPLACE  Number of child of this mother  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*  I hereby certify that I attended the birth of this child, who was continued to the date above stated.  Have eyes of child been treated with a prophylaxis solution?  Given or christian name added from a Address supplemental report.  191. Filed. Address Birth (Month)	OF CHILD	{ If child is not yet named, mak supplemental report, as directed
RESIDENCE (Address)  COLOR OR RACE  BIRTHDAY.  (Years)  BIRTHDAY.	triplet. and in order	mate?
COLOR OR RACE  BIRTHDAY  COCUPATION  (And Industry)  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*  I hereby certify that I attended the birth of this child, who was  con the date above stated.  Have eyes of child been treated with a prophylaxis solution?  Civen or christian name added from a Address  Supplemental report.  191. Filed Aux 3.2 1917		MAIDEN
Number of child of this mother		RESIDENCE
Number of child of this mother.  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	OR RACE BIRTHDAY J	OR RACE
Number of child of this mother.  Number of child of this mother.  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.)  (Signature)  Authority (And Industry)  Number of children, of this mother, now living.  (Born alive or stillborn.)  (Attending physician, midwife, father, etc.*)  Given or christian name added from a Address  supplemental report.  191. Filed Authority (And Industry)	MRTHPLACE Detroit	BIRTHPLACE
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*  I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.)  Have eyes of child been treated with a prophylaxis solution?  Given or christian name added from a Address supplemental report 191. Filed Jan 32 1917	And Industry)	OCCUPATION (And Industry) Occupated link)
I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.)  Have eyes of child been treated with a prophylaxis solution?  Given or christian name added from a supplemental report 191 Filed 1912 [Attacking physician, midwife, father, etc.*]	Number of child of this mother.	Number of children, of this mother, now living
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. Filed Jan 32 1917.  (Born alive or stillhorn.)  (Attracting physician, midwife, father, etc.*)	CERTIFICATE OF ATTENDIN	NG PHYSICIAN OR MIDWIFE.*
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)  (Signature)  Dated  (Attacking physician, midwife, father, etc.*)	I hereby certify that I attended the birth of this child, who	o was white at 48 M
Have eyes of child been treated with a prophylaxis solution?  Given or christian name added from a Address supplemental report  191  Filed Jan 22 1917	A modifier to evily make	(Born alive or stillborn.)
a prophylaxis solution?  Dated Janua 191  (Attacking physician, midwife, father, etc.*)  Given or christian name added from a Address  supplemental report 191  Filed Janua 2 191  Dated Janua 191  Address	Have eves of child been treated with) (Signature)	N Mehmede
Given or christian name added from a Address (Attacking physician, midwife, father, etc.*)  supplemental report 191 Filed Jan 32 1917	no de	u2/191 2
supplemental report 191 Filed Jan 32 1917 MAD and	r propultaxis solution i	(Attending physician, midwife, father, etc.*)
	the state of the s	
	Given or christian name added from a Address	~ MAM

PLACE OF BIRTH O STATE	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Maghenall	RECORD OF BIRTH
Township of Johnson	Registered No.
Village of	St.; Ward)
FULL NAME OF CHILD Yard Frank	(Spital 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 Tyln. tylolet, tylolet, or other?  and {Number in order of birth	Legitz Birth (Month) (Day) (Year)
FULL NAME John Joseph	MAIDEN MATTER aber
(Address) Chalaca	(Address) Chelsea
OR HACE THE BIRTHDAY (Years)	OR RACE While BIRTHDAY (Years)
BIRTHPLACE Questria Dungre	BIRTHPLACE
OCCUPATION (And Industry)	(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	(Born sive or stillborn)
on the date above stated.  Have eyes of child been treated with	Jus W Jalunes
a prophylaxis solution?	(Attending physician, midwife, (ather, etc.")
Given or christian name added from a Address	La M Kli Dans
Supplemental seport 191 Filed T	REGISTRAR.

WRITE PLAIRLY, 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 reserve to make the case, and the reserve to make the case, and the stated. See instructions on back.	
IS A PERMANENT RECOR	
IS A PERMANENT RECCIRN must be made for each, and uctions on back.	
IS A PERMANENT REC RN must be made for each, a uctions on back.	
IS A PERMANENT R. RN must be made for each uctions on back.	
IS A PERMANENT  RN must be made for ear  uctions on back.	
IS A PERMANENTER IN THE	
IS A PERMANE  RN must be made for uctions on back.	
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PLACE OF BIRTH	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of Wishington	RECORD OF BIRTH
Township of Dollary	Registered No.
Village of July	Williage of Child Late
or (No.	St., Ward)
City of	s in a Rospital or other institution, give name of same instead of street and number.)
OF CHILD Jabuet fate	If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, or other? and loumber in order of birth	Legiti- mate? Date of J. 22, 1917 (Month) (Day) (Year)
FULL NAME PATHER William	FULL MOTHER MAIDEN NAME
RESIDENCE (Address)	RESIDENCE (Address) Pheloca,
OR RACE While BIRTHDAY (Years)	OR RACE While BIRTHDAY (Years)
BIRTHPLACE Willesmelon M.	BIRTHPLACE Viliach
OCCUPATION (And Industry) Wool Maker	OCCUPATION (And Industry)
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTEND	DING PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, w	who was born aline at 6 TM.
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with	Mulrous Toulde
Pated 2	25 1917
a prophylaxis solution?	(Attending physician, midwife, father, etc.*)
Given of christian name added from a	late 1 Will Manual
supplemental report 191 Filed	72 3 191 REGISTRAR.

County of Wash	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Village of Chilage	Registered No.
City of (No. (16 birth occups in a l	ospital 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 triplet, or other? Wo and Number in order of birth	Legiti- MA Birth MAN 30 , 1917 (Year)
PULL NAME GO M SEILS MAN	MOTHER MAJOEN NAME WALL WAS A STATE OF
RESIDENCE (Address) Chelsea	RESIDENCE (Address) Children (Address)
OR RACE White AGE AT LAST 3 2 (Years)	OR RACE WHALL SIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE Germany BOAJAHTAIS
(And Industry) Salloon kuper	(And Industry)
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	11. 11.00 55704
on the date above stated.  Have eyes of child been treated with	autrous Goulde
a prophylaxis solution? Dated 127	(Attending physicism, midwife, father, etc.*)
Given or christian name added from a Address supplemental report 191 Filed Cyp	24 1917 WKDanie

Township of Or County of C	RECORD OF BIRTH
Village of Sulsa Mich	Registered No.
City of (If birth occurs in a FULL NAME OF CHILD.	St., Wa a hospital or other institution, give name of same instead of street and number.)  [If child is not yet named, n supplemental report, as direct
Sex of triplet, or other? And Number in order of birth	Legiti- mater Birth (Month) (Day) (Y
FATHER SALVE MARIE	MAIDEN NAME PLANT BEACH
RESIDENCE (Address)	RESIDENCE (Address)
COLOR OR RACE While SIRTHDAY 330 (Years)	color or race while BIRTHDAY
BIRTHPLACE Michigan BDAJANTRIO	BIRTHPLACE
OCCUPATION (And Industry)	(And Industry)  (And Industry)
Number of child of this mother	Number of children, of this mother, now living
	G PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	was (Born alive or stillborn.)
on the date above stated.  Have eyes of child been treated with	The date goods stated
a prophylaxis solution?	1301 Resett
Given or christian name added from a Address	(Attending physician, midwife, father, etc. 1)
supplemental report 191 Filed	2/2/917 5/19 Acces

PLACE OF BIRTHO   TO ETATE	STATE OF MICHIGAN
County of Wash	Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of	Registered No.
Village of Chelsea	kegistered No.
(No.	St.,
OF CHILD Juth file	If child is not yet named, make supplemental report, as directed.
Sex of twin, triplet, and norder of birth	Legitimate? Date of Birth (Month) (Day) (Year)
FULL PATHER Sus Kreacher	MAIDEN Rull Van Hara
(Address) Chelseae	RESIDENCE (Address) Chelsen
OR RACE While SIRTHDAY (Years)	COLOR OR RACE While BIRTHDAY (Years)
BIRTHPLACE Chilera	BIRTHPLACE Lewis Ohio
(And Industry) Machines	OCCUPATION (And Industry)
Number of child of this mother	Number of children, of this mother, now livings
CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, who	was at 755M.
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with) (Signature)	Jes Malaul
411	9191 2000
A Transfer International Section 1975 Section 1975	Che (Attending physician; midwife, father, etc.*)
Original and added from a	man Mah Mandy
supplemental report. 191 Filed	191 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 PLAIRLY, WITH UNFADING INK THIS IS A PERMANENT RECORD.

STATE OF HTRIS TO STAIN	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of Wash	RECORD OF BIRTH
Township of or Village of	Registered No.
or (No	St.,Ward) surs in a hospital or other institution, give name of same instead of street and number.)
FULL NAME OF CHILD	Official Supplemental report, as directed,
Sex of triplet, or other? and Number in order of birth	Legitimate? U Date of 4 27, 1917 (Month) (Day) (Year)
NAME Son L Rodge	MOTHER MAME Sounce Marilan
RESIDENCE (Address)	RESIDENCE (Address) Chelace
COLOR AGE AT LAST SHIRTHDAY (Years)	COLOR OR RACE   AGE AT LAST SS   BIRTHDAY (Years)
Stockbridge	BIRTHPLACE Reading
(And Industry) Book House	
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTEN	NDING PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child,	, who was alone at 3. KCRM.,
on the date above stated.  Have eyes of child been treated with (Signatur	(Born alive or stillborn.)
a prophylaxis solution? Dated	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	College Colleg
supplemental report 191 Filed	738 1912 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

PLACE OF BIRTH M TO STATE	STATE OF MICHIGAN  Department of State—Division of Vital Statistics
County of fashunaw	RECORD OF BIRTH
Township of Village of Hussey	Registered No.
City of (No. (If birth occurs) in a	St.,
FULL NAME	{ If child is not yet named, make supplemental report, as directed.
Sex of Walt triplet and In order or differ send of birth	Legiti Date of May (Day) 191 (Year)
FATHER HAME Willes Jouing	MAGEN ROLL ROLL
RESIDENCE (Address)	RESIDENCE (Address) Chelsea
OR RACE While BIRTHDAY (Years)	COLOR OR RACE While BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
(And Industry)	(And Industry) Housewife
Number of child of this mother	Number of children, of this mother, new living
CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, who	
on the date above stated.	on the date above stated.
Have eyes of child been treated with Dated Man	12x12 / (loods
a prophylaxis solution!	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address supplemental report 191 Filed	420 1917 N 11 Old REGISTRAR.

STATE OF MINTAIN TO STATE	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of hash	REGORD OF BIRTH
Township of	Registered No. / 3
Village of Chelseas	Village of Chilecol
(No.	St., Ward)
	hospital or other institution, give name of same instead of street and number.)
OF CHILD Paymond Joses	bh / educy { If child is not yet named, make supplemental report, as directed.
Sex of triplet, or other? and Number in order of birth	Legiti- Los Date of June, 9, 1917  Month) (Day) (Year)
FULL FATHER PROPERTY.	FULL MOTHER MAIDEN NAME MATTER
RESIDENCE (Address) Jackson Murch	RESIDENCE (Address) Jackson (sentila)
OR RACE While BIRTHDAY. (Years)	or RACE white BIRTHDAY (Years)
BIRTHPLACE Lake Luidue Mich	BIRTHPLACE Sprengpak
(And Industry) Shipping Clerk	OCCUPATION (And Industry) Provided by A (Septified by A)
Number of child of this mother	Number of children, of this mather, now living
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	2 1 1 1 1 2 1 2 2
on the date above stated.	(Born alive or stillborn.)
(Signatura)	Leo Walner
Have eyes of child been treated with  Dated 6	16101 2
a prophylaxis solution?	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	cheller ( 10)
supplemental report 191 Filed	10 1917 WIT A CILLO

REGISTRAR.

STATE OF MI HTRIS TO STALE	STATE OF MICHIGAN  Department of State-Division of Vital Statistics
County of // USA	RECORD OF BIRTH
Township of	- 14 4 T
or Of	Registered No.
Village of Willery	Village of Cole Care
City of (No. (If birth occurs in	St.,
A CONTRACT THE PROPERTY DESCRIPTION OF THE PROPERTY AND ASSOCIATION OF THE PROPERTY OF THE PRO	a hospital or other institution, give name of same instead of screet and number.)
OF CHILD Yorkin	{ If child is not yet named, make supplemental report, as directed.
Sex of triplet. And and Number in order of birth	Legitimate? Birth (Month) (Day) 197 (Year)
NAME albert Horley	MATOEN NAME Oura Ishaul
RESIDENCE (Address) Chilica	RESIDENCE (Address) Chiclera
OR RACE While BIRTHDAY 2 2	OR RACE While BIRTHDAY (Years)
BIRTHPLACE / Sprilaine	BIRTHPLACE
(And Industry)	OCCUPATION (And Industry)
Number of child of this mother.	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, who	was aline at M.
on the date above stated.	(Born alive or stillborn.)
(Signature)	W. Loulder
Have eyes of child been treated with	Have eyes of child been treated with
a prophylaxis solution? Dated	(Attending physician, midwife, father, etc.*)
A STATE OF THE PROPERTY OF THE	
Given or christian name added from a Address	

Filed ...

supplemental report 191

number County of Township of Village of City of FULL NAME OF CHILD Sex of triplet. child See instructions on FATHER FULL NAME RETURN RESIDENCE (Address) COLOR AGE AT LAST stated. OR RACE BIRTHPLACE (And Industry) Number of child of this mother..... a prophylaxis solution?.... Given or christian name added from a supplemental report....

PLACE OF BIRTH

#### STATE OF MICHIGAN

Department of State--Division of Vital Statistics

			-	-	
RE	CU	RD	OF	В	RIP

		11
gistered	No.	1/512 mwo 1
	gistered	gistered No.

(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. Date of

Number in order of birth 3303 MAKIDEN

RESIDENCE

(Years)

SOM PHYSICS

OCCUPATION

(Signature)

THAM

FULL MAIDEN NAME

Legiti-

Birth

MOTHER

(Month)

(Day)

RESIDENCE (Address)

COLOR OR RACE

AGE AT LAST BIRTHDAY

(Years) BIRTHPLACE

PECUPATION

(Year)

BIRTHPLACE

OCCUPATION (And Industry)

Number of children, of this mother, now living

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

Dated fully (191

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

Have eyes of child been treated with

BIRTHDAY.

Address

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

REGISTRAR.

MARGIN

RESERVED FOR

STATE OF MINTER OF STATE	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of Nachlinard	RECORD OF BIRTH
Township of	Registered No
City of (No. (If birth occurs in	a hospital or other institution, give name of same instead of street and number.)
OF CHILD Saneth &	laute (If child is not yet named, make supplemental report, as directed.
Sex of triplet, or other?	Legitimate?  Birth (Month) (Day) 191 (Year)
FULL PATHER Dancel	MAIDEN NAME Carrier Telent
RESIDENCE (Address) Chelsen	RESIDENCE (Address) Chelsea
OR RACE While BIRTHDAY (Years)	COLOR OR RACE while BIRTHDAY (Years)
BIRTHPLACE Mich	BIRTHPLACE Much:
OCCUPATION (And Industry) Gil Clocking	
Number of child of this mother	Number of children, of this mather, now living
CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, w	ho was (Born alive or shilborn.)
Have eyes of child been treated with	do Palmer
a prophylaxis solution? Dated Address Address	(Attending physician, midwife, father, etc.*)

Filed July 1/ 1917

supplemental report.

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 OF TATE	STATE OF MICHIGAN Department of State-Division of Vital Statistics
County of Wachlenau	RECORD OF BIRTH
Cownship of	Registered No.
village of (No. (No. (If birth occurs in a	hospital or other institution, give name of same instead of street and number.)
TULL NAME John Willeams	(If child is not yet named, make
Sex of Twin, triplet, or other? and Number in order of birth	Legiti- mate?  Birth (Month) (Day) (Year)
TATHER SHAM	MAIDEN MOTHER MOTHER MAIDEN NAME MANY Kalp.
(Address) Chelaia	(Address) Chelaca.
oclor age at Last 25 BIRTHDAY (Years)	COLOR OR RACE Shell BIRTHDAY (Years)
mich 33APHTRIB	BIRTHPLACE Much .
And Industry)	OCCUPATION (And Industry)
Number of child of this mother Ask A	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	was Born alive or stillborn.)
on the date above stated.	on in day above pad in
Have eyes of child been treated with	Aduanous State
prophylaxis solution? . Dated Dated	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	Chelser
Land The College	ly 300 ? HP Dancel
supplemental report 191 Filed	REGISTRAR.

PLACE OF BIRTH A TO STATE	STATE OF MICHIGAN
County of	Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Chelsed	Registered No.
or	St., Ward) s hospital or other institution, give name of same instead of street and number.)
OF CHILD Korneelus de	[If child is not yet named, make supplemental report, as directed.
Sex of triplet, or other? and Number in order of birth	Legitimate? Us Birth (Month) (Day) (Year)
NAME James De Ching	MAIDEN MOTHER FORL
RESIDENCE Chelse	RESIDENCE (Address) Philach Birth
OR RACE While BIRTHDAY (Years)	COLOR OR RACE while BIRTHDAY (Years)
BIRTHPLACE lowe,	BIRTHPLACE Clinton
(And Industry) Lobour	OCCUPATION (And Industry) House Leeper
Number of child of this mother # the	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, who	was augio at 9 M.
on the date above stated.	(Born alive or still one)
Have eyes of child been treated with (Signature)	Je a seumeau
a prophylaxis solution? Dated Cla	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	
supplemental report 191 Filed	uppor Travaul

ounty of Washi ownship of Sulsa illage of Shelse or ity of	a		RECORD OF BIR	of Vital Statistics  TH  egistered No. 9  St., Ward
ULL NAME On	ald House	Legiti-	Date of Birth	If child is not yet named, mak supplemental report, as directed to the supplemental re
hild male or other?		FULL MAIDEN	Isla 70	
ESIDENCE (Address)	Kalinework (address)	RESIDENCE (Address)	Chelse	a much
R RACE White	AGE AT LAST 24	COLOR OR RACE	whole	AGE AT LAST (Years)
IRTHPLACE 7111	ch. sansnin	BIRTHPLACE	Tuco	A SDAJMHTRIB
And Industry)	Corer HONTA GUARDIA I AN		Me	MOLTANUOSO (COMMISSION LOSA)
Number of child of this mother.	<b>y</b>	Number of childre	en, of this mother, now liv	ing 2
I hereby certify that I after	CERTIFICATE OF ATTEN		11	// A MONY
on the date above stated.  Have eyes of child been a prophylaxis solution?	treated with	e)	HILL DOTHOLD	hysician, midwife, father, etc.*)
Given or christian name	added from a Address	S/A / 191	M	POSILLE REGISTRAR.

CTATE OF MICHIGAN

PLACE OF BIRTH		STATE OF MICHIGAN  Department of StateDivision of Vital Statistics			
County of Markena	W <sub>3</sub> g	RECORD OF BI		County of Ass	
Township of Chelses		AND THE PARTY OF T	Registered No.	20	
City of	(No. (If birth occurs in a hospital or other in	stitution, give name of same	St.,	Ward)	
OF CHILD Merrin	Charge g	lmis	(If child is	not yet named, make talreport, as directed	
Sex of the triplet, or other?	and { Number in order of birth Legitimate?	Date of Birth (Mo	ept.	23, 191 (Day) (Year)	
FULL FATHER HENRY	THE MAIDEN NAME	Be	HER enice	W. C.	
(Address) Chek	RESIDENCE (Address)	Ch	eluca	1	
	AT LAST 26 COLOR OR RACE	while	AGE AT LAST		
BIRTHPLACE	BIRTHPLACE	0	hio	ээмликие	
(And Industry) Booker	OCCUPATIO (And Industry	,	200/60	HOITARUDDO (Tumbes last)	
Number of child of this mother	Mumber of child	ren, of this mother, now liv	ing O2	el	
CERTIFIC	ATE OF ATTENDING PHYSICIA	N OR MIDWIFE.		6	
I hereby certify that I attended the b	oirth of this child, who was	(Born alive or stillborn	26	at 9/ M.	
on the date above stated.	(61	0, 11	11/20	on the date :	
Have eyes of child been treated w		THE THE BARBANE	eson bills 16	HAVE EYES	
a prophylaxis solution?	Dated 2/191	(Attending pl	nysician, midwife, fat	ther eta *)	
Given or christian name added fro	om a Address	(armining p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- no Zeolia	
supplemental report	11/60	7 1	Jaure	6	
Supplemental Teport	THE THE			REGISTRAR.	

	OF BERTH	TAT2 Depa		F MICHIGAN Division of Vital S	
County of	heleca	ao mempiasa G	RECOR	Registered St.	No. 12/mm
FULL NAME OF CHILD	Robert.	(If birth occurs in a hospita	al or other institution, give	name of same instead of stree	d is not yet named, memental report, as direc
Sex of child	Twin, triplet, or other?	Number Leg mai			(Day) , 191
FULL NAME RO	FATHER Y Speed	AND THE REAL PROPERTY IN	ALL AIDEN Rueb	MOTHER Y Lelle	Wigh
RESIDENCE (Address)	Cheleca	RI (evilish)	(Address)	Chile	донасть)
COLOR OR RACE	hele BIRTHDAY		olor RACE whe	le AGE AT I	
BIRTHPLACE	Inadella	mies	RTHPLACE	much	NTHPLACE
OCCUPATION (And Industry)	Farmer	MOTATUDO OCCUPATION	CCUPATION and Industry)	House	wife
Number of child	of this mother	Land to yedness Nun	nber of children, of this n	nother, now living	alida da madana
Have eyes of a prophylaxis so	that I attended the birth o	(Signature)	Born al	alise ive or stillborn.)  O  D  D  L  L  L  L  L  L  L  L  L  L  L	at 7 6
supplemental rep	ort191	Filed Oct	191		REGISTRAR.

PLACE OF BIRTH	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of Mash 80339	RECORD OF BIRTH
Township of or Village of Chelsia (No	Registered No
City of (If birth occurs in FULL NAME OF CHILD	s 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 triplet, triplet, or other? sixing the lin order of birth	Legitimate? 4x2. Date of Och 28 (Year)  (Month) (Day) , 1917 (Year)
FULL PATHER LUCION	FUEL MOTHER MAIDEN NAME Olga Hoffman
RESIDENCE (Address) Chelses	RESIDENCE (Address)
OR RACE While SIRTHDAY (Years)	OR RACE While BIRTHDAY (Years)
BIRTHPLACE Mich	BIRTHPLACE Much
(And Industry) Muchant	(And Industry) Somestic
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIT	NG PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, who	o was (Born alive or stillborn.)
on the date above stated.	Carattanaist C Paris avoid plan no
Have eyes of child been treated with (Signature)	-1 2 PFU
a prophylaxis solution? Dated	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	Address on abstatistic name and or from a Address
supplemental report 191 Filed	12 191) Whaceles

	In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of
ORD.	d the n
REC	ach, an
MENT	le for e
RMA	be mad
4	must
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	RETURN
T T	RATE
9	SEPAI
MFAD	birth, a
H	data
W.	ne chil
	than
TE P	of more
WR	case
	4

County of Sachlinau	Department of StateDivision of Vital Statistics  RECORD OF BIRTH
Township of Village of NUSLA	Registered No. 10 93
City of	St.,
OF CHILD Sermad	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 (Month) (Day) 191
FATHER GROVEN OF Thouse	FULL MAIDEN NAME SALA Habel.
RESIDENCE (Address) and about	RESIDENCE (Address)
OR RACE While BIRTHDAY (Years)	or race while BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION (And Industry) Throwher	(And Industry) Domestic
Number of child of this mother.	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who on the date above stated.	(Born alive or stillborn.)
have eyes of cand been created with	Tot been treated with the sylvent with the sylvent in the sylvent
a prophylaxis solution!	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address supplemental report 191 Filed	1/2/017 WAR

PLACE OF BIRTH STATE OF MICHIGAN  Department of State-Division of Vital Statistics	
County of fashierall	RECORD OF BIRTH
Township of	Registered No.
Village of	Village of All All Services
or City of (No. (If birth occurs in a	hospital or other institution, give name of same instead of street and number.)
FULL NAME AND HARRE	[If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, and Number in order of birth	Legitimater Birth (Month) (Day) 191.
FULL NAME Challer Carrel.	MAIDEN Grace Welsch
RESIDENCE (Address)	(Address) Chelsen
COLOR OR RACE ( LAST 2 SIRTHDAY (Years)	OR RACE While AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Mich, BOALPHTAIR	BIRTHPLACE Much
(And Industry)	(And Industry) Joursewell
Number of child of this mother fust	Number of children, of this mather, now living
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, who	la malino la la
on the date above stated.	(Born silve of sumoun.)
Have eyes of child been treated with	fet the first and the same of the
a prophylaxis solution? Dated	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	Philser,
	er 192 Marie
supplemental report 191 Filed	REGISTRAR.

and the number must SEPARATE I, stated. See

STATE OF MICHIGAN PLACE OF BIRTH Department of State--Division of Vital Statistics County of RECORD OF BIRTH Township of Registered No. Village of (No..... St.,

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) City of. FULL NAME If child is not yet named, make supplemental report, as directed. OF CHILD Twin. ( Number Date of Sex of Logiti-Legititriplet. in order Birth child mate? of birth or other? (Month) (Year FULL FATHER FULL MOTHER NAME MAIDEN NAME RESIDENCE RESIDENCE (Address) (Address) COLOR COLOR AGE AT LAST AGE AT LAST BIRTHDAY OR RACE SIRTHDAY. OR RACE (Years) (Years) BINTHPLACE BIRTHPLACE BURTHPLACE BIRTHPLACE OCCUPATION (And Industry) OCCUPATION 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.) on the date above stated. (Signature) Have eyes of child been treated with Dated /2//0 191 a prophylaxis solution? (Attending physician, midwife, father, etc.\*) Address Given or christian name added from a supplemental report 191 REGISTRAR.

PLACE OF BIRTH	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Masklenall	RECORD OF BIRTH
Township of or	Registered No. 20
Village of Melsia	St.; Ward)
City of (No. (If birth occurs in a b	St.,
FULL NAME Salary albert	{ If child is not yet named, make supplemental report, as directed.
Sex of triplet, Acras and Sumber in order of birth	Legiti- mate? Birth (Month) (Day) 191 (Year)
PATHER HOLA	MAIDEN RAME Clive pelson.
RESIDENCE (Address) Chelsea Mich.	RESIDENCE (Address) Chelses Much
COLOR OR RACE (Years)	OR BACE OF CO. (Years)
BIRTHPLACE Chio	BIRTHPLACE Mich - SOAJANTALE
OCCUPATION (And Industry)	(And Industry) Housewife (Manual MA)
Number of child of this mother Huseh	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 See S at H/M.,
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with	
a prophylaxis solution?	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	William
supplemental report 191 Filed Dec	10 191 WKDauch
supplemental report	REGISTRAR.

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PLACE OF BIRTH	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of O338	RECORD OF BIRTH
Township of	Registered No.
Village of velsea,	illage of late the state of
or (No. (If high occurs in a	St., Wa
FULL NAME OF CHILD	a hospital or other institution, give name of same instead of street and number.)  [If child is not yet named, n supplemental report, as direct
Sex of Twin, triplet, or otherway and (Number in order of birth	Legiti- mate? Date of Birth (Month) (Day), 191.
FATHER Harold Darling	FULL MAIDEN NAME Clara Frey
RESIDENCE (Address) Chelsea	RESIDENCE (Address) Chelsea & SOMETHING
or race where Spirithan (Years)	color or race while BIRTHDAY (Years)
BIRTHPLACE Mich.	BIRTHPLACE Muchi
(And Industry) / Holephone	(And Industry) Hacesewife
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, who	was Barnalere at 41
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with (Signature)	SAS DIAM DOS POLICIOS DO PORO OTALE
a prophylaxis solution? Dated.	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	All lates and the second payments are second payments are second payments and the second payments are seco
Given of christian name added from a	1 Box 7 MAR Dance
supplemental report 191 Filed	7 191 REGISTRAR

County of Birth	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics  RECORD OF BIRTH		
Township of	RECORD OF BIRTH		
or or	Registered No.		
Village of Allala	Village of V.		
ONO IS ONO	St., Ward)		
City of (If birth occ	surs in a hospital or other institution, give name of same instead of street and number.)		
FULL NAME CONTROL OF CHILD	If child is not yet named, make supplemental report, as directed.		
	Legiti- mate?  Birth (Month) (Day) (Year)		
NAME A A A A A A A A A A A A A A A A A A	MOTHER HAIDEN NAME Janes Farrell		
(Addrese) Che loca	RESIDENCE (Address) Chelsea, (aroth)		
OR RACE While BIRTHDAY(Years)	COLOR OR RACE While BIRTHDAY (Years)		
BIRTHPLACE Thech . SOAJAHA	BIRTHPLACE Quechegas		
(And Industry) Hardware Mun	OCCUPATION (And Industry) Houseway		
Number of child of this mother	Number of children, of this mother, now living		
CERTIFICATE OF ATTEN  I hereby certify that I attended the birth of this child, on the date above stated.	who was		
on the date above stated. (Signatur	re) ISkush.		

I hereby certify that I attended the birth of this child, who was (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 Filed 2 (191)

REGISTRAR.

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T RECOR	ndt
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2	-In case of more than one child at a birth, a SEPARATE RETURN must be made for each, an
-	Inc
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PLACE OF BIRTH STATE OF MICHIGAN Department of StateDivision of Vital Statistics	
county of ASMUNAUV	RECORD OF BIRTH
Cownship of or	Registered No.
fillage of Sulsea,	VHIETO OF THE PARTY.
or (No. (No. (If birth occurs in	St., Ward)
OLL NAME OF CHILD	(If child is not yet named, make supplemental report, as directed.
Sex of Twin. triplet. or other?  and Number in order of birth	Legiti- mate?  Date of Sirth (Month) (Day) (Year)  (Year)
Tool Prown	FULC MOTHER MOTHER Lockwas
(Address) Chelsea	RESIDENCE (Address) Chelsea.
OLOR REPORT SIRTHDAY (Years)	COLOR OR RACE SHILL BIRTHDAY (Years)
Ohis STAPPITHE	BIRTHPLACE Muchega
And Industry) Machinish	(And Industry)
Number of child of this mother.	Number of children, of this mother, now living
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, wh	N 1 71
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with	January
	Who theperson
Children of the control of the contr	(Attending physician, midwife, father, etc.*)
Given of Christian name added from a	wan MARALIN
supplemental report 191 Filed	W 9191

PLACE OF BURTH  STATE OF MICHIGAN  Department of StateDivision of Vital Statistics	
County of Nath Menall	RECORD OF BIRTH
Township of	Registered No. 30
Village of Kelsea.	Village of the state of the sta
	St.,Ward)
	hospital or other institution, give name of same instead of street and number.)
OF CHILD Dark Edwin	If child is not yet named, make supplemental report, as directed.
Sex of triplet, or other?	Legiti- mate? 402, Date of Del , 3/, 191.7 (Month) (Day) (Year)
PATHER MANE Edward Magnes	MATTER MOTHER MATTER MA
(Address) Chelsea-	RESIDENCE (Address) Chelaca.
OR RACE while: AGE AT LAST 3.9 (Yestes)	COLOR OR RACE Whele BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE Indiana.
OCCUPATION (And Industry) Marchinish.	(And Industry)
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE.*
	6 1
I hereby certify that I attended the birth of this child, who on the date above stated.	Was at M.,
(Signature)	Jog Dush
Have eyes of child been treated with	a ci
a prophylaxis solution?	(Attentine physician, midwife, father, etc.*)
Given or christian name added from a Address	Al Land State Box
supplemental report 191 Filed	V 1918 Maure
NAMES OF THE PARTY	REGISTRAR.

PLACE OF BIRTH	STATE OF MICHICAN  Department of StateDivision of Vital Statistics		
County of Man 1918 to the manage	The state of the s		
Township of or Village of Chille or City of (No. (If birth occurs in	Registered No. St., Ward)  St., Ward)  a hospital or other institution, give name of same instead of street and number.		
FULL NAME OF CHILD PROPERTY	[If child is not yet named, make supplemental report, as directed.		
Sex of Twin, triplet. and Number in order of birth	Legiti- mate?  Date of Sirth (Month) (Day) (Year)		
Purt Conlact	MAIDEN Rato MC Luise		
RESIDENCE (Address) Chelses ROUNGER	(Address) Chilseau		
COLOR OR RACE BIRTHDAY (Years)	COLOR OR RACE  OR RACE  AGE AT LAST BIRTHDAY  (Years)		
BIRTHPLACE Much	BIRTHPLACE Much, SOAJAHTAN		
OCCUPATION (And Industry)  Auvery	(And Industry) Somestico		
Number of child of this mother	Number of children, of this mother, now living		
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE.*		
I hereby certify that I attended the birth of this child, wh	to was 12///at 790M.		
on the date above stated.	(Born alive on stillborn.)		
Have eyes of child been treated with	A delangelle		
a prophylaxis solution? Dated.	(Attending physician, midwife, father, etc.*)		
Given or christian name added from a Address	5/1/20		
supplemental report 191 Filed	M / 1918 REGISTRAR.		
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N. B.=In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of

PLACE OF BIRTH		TE OF MIC		
All Assertains C		RECORD OF B	IRTH	Township
Township of		3	Registered No	32
Village of Miller				70
City of (No.	birth occurs in a hospital or other insti		St.,	Ward)
FULL NAME OF CHILD	Chopa	tution, give name of same	(If child is not	yet named, make
Sex of Twin, triplet, or other? and { Number of birth	er Legiti- mate?	Date of Birth(Mo	Sec. 20	, 191 X
PULL PATHER Chopse	FULL MAIDEN NAME	Pun		A LAND
RESIDENCE (Address) Chelsea.	RESIDENCE (Address)	Chels	ed	BO 102
OR RACE AT LAST BIRTHDAY	2 COLOR OR RACE	while	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	BIRTHPLACE	Tuel	hi i	
OCCUPATION (And Industry) Cencer V	Clash (And Industry)	2	Hom	e
Number of child of this mother	Mumber of children	, of this mother, now liv	ing	2
CERTIFICATE OF A  I hereby certify that I attended the birth of this on the date above stated.	TTENDING PHYSICIAN	Br. oftenial wall but how	at	1152 м.,
have eyes of child been treated with	gnature) (14 ted 1-2/22191 7	Marie	MADO	Color a
the state of the s	dress Ohelan	a more perpetation	yaician, midwife, father,	etc.*)
	d Jaurs 1918	Spe	Estar	nomelogia

	IT RECORD.	r each, and the number of
	INK-THIS IS A PERMANE	nan one child at a birth, a SEPARATE RETURN must be made for
THE RESIDENCE OF THE PARTY OF T	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	N. BIn case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of
	-	N. B.—In case

PLACE OF BIRTH O STATE OF MICHIGAN Department of State-Division of Vital Statistics		GAN Vital Statistics		
County of Mash	epartment of State-I	o Separ timento	RECORD OF BIRTH	County of
Township of	WANTED A		Regis	tered No. 33
Village of Shelse	a		Weid	lo ogaliiV
or City of	(No.	a hospital or other insti	tution, give name of same instead	St.,Ward)
FULL NAME OF CHILD	Marie Constitution of the			(If child is not yet named, make supplemental report, as directed.
Sex of triplet, or other?	and \ Number in order of birth	Legiti-	Date of Birth (Month)	. 3,/ (Day) 191 (Year)
FATHER NAME	Louisan	FULL MAIDEN NAME	Mand	Kuhn
RESIDENCE (Address)	mich	RESIDENCE (Address)	Chelaca.	mich
COLOR OR RACE	BIRTHDAY (Years)	COLOR OR RACE		GE AT LAST 2 Succession (Years)
BIRTHPLACE Mic	h sanmara	BIRTHPLACE	mu	EMTHPLACE . IS
OCCUPATION (And Industry) Prach	inish	(And Industry)	Don	rester hal link)
Number of child of this mother	Whird 10	Number of childre	en, of this mother, now living	three
CERT	IFICATE OF ATTEND	ING PHYSICIAN	OR MIDWIFE.*	•
I hereby certify that I attended	the birth of this child, w	ho was	eona ali	at 1239M.,
on the date above stated.	(Born alivir or	0	(Born alive or stillborn.)	contribute you stated
Have eyes of child been treat	ed with (Signature)	- Addis	And Bolaszi need	Mar to says stall
a prophylaxis solution?	Dated 4	eu 3/1918	(Attending physicis	nn, midwife, father, etc.*)
Given or christian name adde		Ululais		20
supplemental report	191 Filed	eb 3 1918	me	A REGISTRAR.

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BINDING.

STATE OF HTRIE TO STATE	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of Management	RECORD OF BIRTH
Township of	Registered No.
Village of husse	Village of / water and and
(heavith)	St., Ward)
City of (II birth occurs in	St.,
FULL NAME OF CHILD	{ If child is not yet named, make supplemental report, as directed.
Sex of Twin. triplet, or other? and Number in order of birth	
FATHER PAINTER	FULL MAIDEN MOTHER MAIN MAIN MAIN MAIN MAIN MAIN MAIN MAIN
RESIDENCE (Address)	RESIDENCE (Address) Chelsea (wood)
OR RACE While BIRTHDAY (Years)	COLOR OR RACE While BIRTHDAY (Years)
BIRTHPLACE Mich.	BIRTHPLACE Mich -
(And Industry) Cashier.	(And Industry) House en (
Number of child of this mother. And define ald to applice in padright	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIT	ING PHYSICIAN OR MIDWIFE.*
CITY AND SOUTH THE STATE OF THE	2/1 (6)
I hereby certify that I attended the birth of this child, wh	ho was Born alive or stillborn.
on the date above stated. (Signature)	Jus. Walner
Have eyes of child been treated with	1- 9
a prophylaxis solution? Dated 2	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	Chelsea mach
A STATE OF THE PARTY OF THE PAR	10
supplemental report 191 Filed	191/

STATE OF MIHTRIE TO STATE	STATE OF MICHIGAN Department of StateDivision of Vital Statistics		
County of Ash	RECORD OF BIRTH		
Township of	Registered No.		
Village of helper	Village of Care College		
or (No	St., Ward)		
FULL NAME OF CHILD	If child is not yet named, make supplemental report, as directed.		
	Legitimate? Date of Birth (Month) (Day) (Year)		
FULL FATHER SAME	MAIDEN NAME Pray Kreeks		
(Address) Chelsia	(Address) Chelsea:		
or race white BIRTHDAY (Years)	COLOR OR RACE while BIRTHDAY (Years)		
BIRTHPLACE CHARACTER SDANKE	BIRTHPLACE Denney Cra- >		
OCCUPATION (And Industry) (Theoretic			
Number of child of this mother sinch.	Number of children, of this mother, now living		
CERTIFICATE OF ATTE	NDING PHYSICIAN OR MIDWIFE.*		
I hereby certify that I attended the birth of this child	i, who was come alive at 9 M.		
on the date above stated.	(Born alive or stillborn.)		
Have eyes of child been treated with	ire) (anniangas) (signal-con treated with )		
a prophylaxis solution? Dated	(Attending physician, midwife, father, etc.*)		
	A fragmy fragmy		
01100 01 000000000000000000000000000000	alu d Walland		
supplemental report 191 Filed	REGISTRAR.		

REGISTRAR.

County of as a source	Department of StateDivision	To the state of th
Township of		10 Mayor
Village of Ald Ald Ald	Cod-	Registered No.
City of (No. (If birth on	curs in a hospital or other institution, give name of sam	St.,Ward)
OF CHILD	sple	( If child is not yet named, make is supplemental report, as directed.
Sex of triplet, triplet, or other? and Number in order of birth	Legitimate? 400. Date of Birth.	onth) (Day) (Year)
PULL NAME Albert Robl	7	HER THAN
RESIDENCE (Address) Chelsed		aD we due to the following the control of the contr
OR RACE White BIRTHDAY (Years)	COLOR OR RACE	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Mich	BIRTHPLACE	OMTHPLACE CALL
(And Industry) Threagher	OCCUPATION (And Industry)	OCCUPATION (And Industry)
Number of child of this mother	Number of children, of this mother, now li	ving 22me
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE.	
I hereby certify that I attended the birth of this child,	who was blift sidt to drid adt babo	mile Linds where 12 20
on the date above stated.	(Born alive or stillborn	deserte foil enchance
Have eyes of child been treated with (Signatur	e) Muliture	oulde MI
		hysician, midwife, father, etc.

Address

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Given or christian name added from a

supplemental report.....

STATE OF MINTALE TO STATE	Department of StateDivision of Vital Statistics
County of fashitenan	RECORD OF BIRTH
Township of Or	Registered No.
Village of helsea.	Villago of
City of (No. (If birth occurs in a	St.,
FULL NAME orinda Christis	Sentles [If child is not yet named, make supplemental report, as directed,
Sex of Twin, triplet, or other? and Number in order of birth	Legitimate? Birth Pirel , (Day) , 191 (Year)
FATHER LIPY MANGE  A SEUTLE A MANGENMAN  A M	MAIDEN MARY Curtes
RESIDENCE (Address) Chelsea	RESIDENCE (Address) Chelsea 30M5(163.9)
or race Aut BIRTHDAY (Years)	OR RACE REPORT BIRTHDAY (Years)
BIRTHPLACE Mich DAJAHTRIE	BIRTHPLACE Mich. SDAJAHTHIE
(And Industry) aboves general work	(And Industry) Neusewife (merkel hold)
Number of child of this mother and the second to second	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.*
M I hereby certify that I attended the birth of this child, who	was born alive at a M.
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with (Signature)	Marinary W. Jeest Decard Direct Of the Marinary of the Marinar
a prophylaxis solution? Dated	1/101 Sang Thysician
A continue business and a facility	(Attending physician, midwife, father, etc.*)
Offer of emission name added from a	011 8 2069
supplemental report 191 Filed	1919 REGISTRAR.

County of Ashtenani	STATE OF MICHIGAN  Department of State-Division of Vital Statistics
Township of	RECORD OF BIRTH
Village of fielder	Registered No.
FULL NAME OF CHILD	St., Ward)  St., Ward)  (If child is not yet named make)
( or birth	Legiti- Date of April 3, 191
eslie Vinton	HANDEN NAME Willa Mc fain
(Address) Cholsea, Much	PESIDENCE
OR RACE AT LAST DE BIRTHDAY (Years)	COLOR OR RACE ALL BIRTHDAY (Years)
Jomes, Mich	BIRTHPLACE Ship BOALMINE
(And Industry) Sabottet	OCCUPATION
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTEN I hereby certify that I attended the birth of this child, on the date above stated.	who was (Born alive or stillborn.)
Have eyes of child been treated with	1/12 // 10 Mile typy and made blish to keys stall
a prophylaxis solution? Dated	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	ALC 16 1018
	REGISTRAR.

STATE OF MIHTIE TO STATE		STATE OF MICHIGAN  Department of StateDivision of Vital Statistics		
County of last	Cenaly		RECORD OF BIRT	- TA
Township of			Reg	istered No.
Village of	ea /		8	to spattiv
or	(No.		w.W.	
City of	(If birth occurs in	a hospital or other institu	tion, give name of same inste	St., Ward)
FULL NAME OF CHILD	James Frans	klin V	Land !	If child is not yet named, make supplemental report, as directed.
Sex of male tripl or o	n, et, and Number in order ther?	Legiti- mate?	Date of Ofice Birth (Month)	(Day), 191, (Year)
FULL Serve	ATHER HISCAM	FULE MAIDEN NAME	MOTHER	Hamillon
RESIDENCE (Address)	head someone	RESIDENCE (Address)	helsen	abwsolesh (mmbA)
OR RACE THE TA SDA	BIRTHDAY. (Years)	COLOR OR RACE	Page BOA	BIRTHDAY (Years)
BIRTHPLACE Th	ichig an Daguran	BIRTHPLACE	· Oh	BIRTHPLACE
OCCUPATION (And Industry)	en de marragion	OCCUPATION (And Industry)	none	varfatupod (Marting Total)
Number of child of this mot	heri	Number of children,	of this mother, now living.	0
	CERTIFICATE OF ATTENDIN	G PHYSICIAN	OR MIDWIFE.*	- 10
M I hereby certify that I at	tended the birth of this child, who	o was	Leve I	at Gina M.
on the date above stated.	( another to only (1980)	12 1	(Born alive or stillborn.)	on the date above stated.
Have eyes of child be	en treated with) (Signature)	and the state of	Moods	d Albie he eyes orall
	Dated Alle	12/1918	Thysic	in u
a prophylaxis solution?	and terrorisms	04		rian, midwife, father, etc.*)
Given or christian nan	ne added from a	000	and the state of the state of	De Contrato de Mario
supplemental report	191 Filed Filed	191	134	Marion Later Trans

PLACE OF BIRTH IM TO STATE		STATE OF MICHIGAN  Department of StateDivision of Vital Statistics		
County of lastileurs	RECORD	Department o	RECORD OF BI	Course of
Township of		Registered No.		
Village of Chelses				Village of A . Lease
City of	(No. (If high occurs in a	homital or other instit	wition, give name of same	St.,Ward)
FULL NAME OF CHILD	lice How	JA LA	ation, give name or came.	If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, or other?	and { Number in order of birth	Legiti /	Date of Birth (Mon	(Year)
FULL NAME Thomas	Nous Burn	FULL MAIDEN NAME	lice I	n Guire MAN
RESIDENCE (Address) Chelsea	Mich	(Address)	helsea	James James A.
OR RACE	AGE AT LAST BIRTHDAY (Years)	COLOR OR RACE	FACHER	AGE AT LAST BIRTHDAY (Years)
BIRTHPLAGE Haterloo	mich BAMMIN	BIRTHPLACE	exten Ju	by Mich
OCCUPATION (And Industry)	HOTEA MUDDO (State of Land 1994)	OCCUPATION (And Industry)	Housen	fe in Installation
Number of child of this mother	100 Gine 1111 in militar to 160 mil	Number of children	o, of this mother, now livi	ng Peciae
C	ERTIFICATE OF ATTENDIN	G PHYSICIAN	OR MIDWIFE.*	12
I hereby certify that I attend	ded the birth of this child, who	was for	I alive	the Linds when at when fi M.
on the date above stated.	states at sorth month.	litte	(Born alive or stillborn.	on the date above stated.
Have eyes of child been t	reated with (Signature)	of the s	almel	Have eyes of carre been
a prophylaxis solution?	Dated	191	(Attending ph	ysician, midwife, father, etc.*)
Given or christian name	added from a Address	RI AND A	el that hoped	The distriction of more
supplemental report	191 Filed 9	3 191		Loy hogge lateranique

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

STATE OF MINTRIE TO STATE	STATE OF MICHIGAN DAMP Department of StateDivision of Vital Statistics
Township of Oreland Village of Oreland	RECORD OF BIRTH  Registered No. 10 9 100 1
or	St., Ward)
FULL NAME OF CHILD	If child is not yet named, make supplemental report, as directed.
Sex of Male Twin, triplet, or other?	Legiti- mate?  Birth  (Month)  (Day)  (Year)
PATHER MESSAGE	MAIDEN MOTHER MATTER
RESIDENCE (Address) Selsea	RESIDENCE (Address) Chelsea, Mich
COLOR PACE THE BIRTHDAY (Years)	COLOR OR RACE RICHARD AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE augaine Co. Chia	breenville Ohia
(And Industry) Real Estate agent	(And Industry)
Number of child of this mother Sheeped	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 Bern alive or stillborn 12 M.,
on the date above stated.  Have eyes of child been treated with (Signature)	Jeoge II almer states of the
a prophylaxis solution? Hes Dated	(Attending physicism, midwife, father, etc.*)
Given or christian name added from a Address	
supplemental report 191 Filed / lac	1 191 2 Let Carte to the management

PLACE OF BIRTH   M - O - H T A T A	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics		
County of Thomas Towns	RECORD OF BIRTH		
Township of	Registered No.		
Village of	Village of C See See		
(No.	sin a hospital or other institution, give name of same instead of street and number.)		
FULL NAME Settie Jae	If child is not yet named, make supplemental report, as directed.		
Sex of Twin, triplet, or other? and Number in order of birth			
NAME AND LOCAL MADE	MAIDEN 3MAN		
RESIDENCE (Address)	RESIDENCE (Address) Please Mich Within		
COLOR OR RACE BIRTHDAY. (Years)			
BIRTHPLACE Mich	BIRTHPLACE Jonesville, Ellich		
(And Industry)			
Number of child of this mother	Number of children, of this mother, now living		
CERTIFICATE OF ATTENI	DING PHYSICIAN OR MIDWIFE.*		
I hereby certify that I attended the birth of this child,	who was at M.,		
on the date above stated.	(Born alive or stillborn.)		
Have eyes of child been treated with	Have eyes of child been freated with		
	191 (Attending physician, midwife, father, etc.*)		
	Sar Land Land Committee Co		
	191		
- AANTEIDAR	REGISTRAR.		

WRITE PLAIRLY, WITH URFADING INK THIS IS A PERMANENT RECORD.

STATE OF MINISTER STATE	Department of StateDivision of Vital Statistics		
County of MacMeran	RECORD OF BIRTH		
Township of	Registered No.		
Village of Chelera	Villago of		
0.7			
City of	St.,		
FULL NAME OF CHILD	Slevande (If child is not yet named, make supplemental report, as directed.		
Sex of Twin, triplet, or other? and (Number in order of birth	Legiti Birth (Month) (Day) (Year)		
PULL MAME Miles alexander BHAM	MATTER Searl May Duart		
(Address) Chelsea, Ellech	RESIDENCE (Address) Chelsea Mech		
OR RACE (Years)	OR RACE ALAST 3 (Years)		
andober Teop Much	Derehoille Mich		
(And Industry) Laborer (susched that)	(And Industry) Segmente MOTASUSSO		
Number of child of this mother.	Number of children, of this mother, now living		
CERTIFICATE OF ATTENDIN	NG PHYSICIAN OR MIDWIFE.		
M I hereby certify that I attended the birth of this child, who	o was bond above at 6 91 M.		
on the date above stated.	(Born aliye or stillborn.)		
Have eyes of child been treated with (Signature)	Jerth Jalmes, M.D.		
011.	6 191 Soug		
a propagiaxis solution;	(Attending physician, midwife, father, etc.*)		
Given or christian name added from a Address	the state of the s		
supplemental report 191 Filed als	191 ST REGISTRAN		
	navisigan.		

STATE OF MI HTRIE TO STATE	STATE OF MICHIGAN Department of State-Division of Vital Statistics		
County of Mashleman	RECORD OF BIRTH		
Township of	Registered No.		
Village of Chelsea	Village of		
or (No(If birth occurs in a	St., Ward) hospital or other institution, give name of same instead of street and number.)		
FULL NAME Chillip Ha	Constain {If child is not yet named, make supplemental report, as directed.		
Sex of Male Twin, triplet, or other?	Legitimate? Jes Date of Silver , 14 , 1918 (Month) (Day) (Year)		
NAME Marris Wallenstein	MOTHER MAIDEN NAME LENA Lapplan		
RESIDENCE (Address) Chelsea 134 Marie 1888	RESIDENCE (Address) Ofice a		
OR RACE Hute AGE AT LAST 2 (Years)	OR RACE A LAST BIRTHDAY (Years)		
BIRTHPLACE PLANSIA SOAJAKTALO	BIRTHPLACE SULSEA SOLPHITMUS		
(And Industry) Junk dealer	OCCUPATION (And Industry) Cousewife (2014)		
Number of child of this mother	Number of children, of this mother, now living		
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.*		
I hereby certify that I attended the birth of this child, who	Was (Born slive or stillborn.)		
on the date above stated. (Signature)	Just & / Prich god all no		
Have eyes of child been treated with	Mary eyes of child been in the with		
a prophylaxis solution?	(Attending physician, midwife, father, etc.*)		
Given or christian name added from a Address	nelsea		
supplemental report 191 Filed Full	19 1910		

RETURN cne child

See instructions on back.

order of birth,

PLACE OF BIRTH STATE OF MICHIGAN Department of State--Division of Vital Statistics RECORD OF BIRTH Township of Registered No. Village of City of FULL NAME If child is not yet named, make supplemental report, as directed. OF CHILD Sex of Twin. ( Number Date of Legititriplet. in order child Birth mate? or other? (Month) (Day) (Year) FULL FATHER MOTHER FULL NAME MAIDEN MAME RESIDENCE RESIDENCE (Address) (Address) COLOR AGE AT LAST COLOR AGE AT LAST OR RACE OR RACE BIRTHDAY .... (Years) (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION (And Industry) (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.) on the date above stated. (Signature) Have eyes of child been treated with a prophylaxis solution?.. (Attending physician, midwife, father, etc.\*) Given or christian name added from a supplemental report 191 REGISTRAR.

STATE OF MI HTRIE TO STALE	STATE OF MICHIGAN Department of State-Division of Vital Statistics
County of Mashlenau	County of BIRTH
Township of	Registered No.
or Chelses	Village of
Village of CNO	St., Ward)
Sity of (If birth occurs i	in a hospital or other institution, give name of same instead of street and number.)
PULL NAME OF CHILD	[If child is not yet named, make supplemental report, as directed.
Sex of Male Twin, triplet, or other? and \{\text{Number in order of birth}\}	Legitimate? Date of Sul 30, 191 (Month) (Day) (Year)
Venny Lugh Lyone Wallah	MOTHER HAIDEN LENG ENAM
(Address) Chelsea & Ulich	(Address) Chelsea, Ellich
COLOR OR RACE AT LAST 3 4 (Years)	COLOR OR RACE BIRTHDAY (Years)
BIRTHPLACE Brighton Much	BIRTHPLACE Sweethood Ship
(And Industry) Those makes	(And Industry) at frome
Number of child of this mother.	Number of children, of this mother, now living theree
CERTIFICATE OF ATTEND	oing physician or midwife.
I hereby certify that I attended the birth of this child, w	who was born alwe at M.,
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with (Signature)	Maras Suede Cut
Dated VIII	6, 3, 191 8
a prophylaxis solution?	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	21 8 11 2
supplemental report 191 Filed ful	u 2 191 REGISTRAR.
mantaux#	

N. B.... in ease of more 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. Warte Plainly Whith Luffacing ink -this is a permanent record.

STATE OF MINISTER TO TO ATAIL	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of Pashlenau	RECORD OF BIRTH
Township of Sylvan	Registered No.
Village of Chelsea	Village of
City of	a hospital or other institution, give name of same instead of street and number.)
OF CHILD.	Nagadon [If child is not yet named, make supplemental report, as directed.
Sex of Male Twin. triplet, or other? And and Sumber in order of birth	Legiti- Date of Cluy, 19. 1918  Birth (Month) (Day) (Year)
NAME Jamuel H. Hagadon	MAIDEN Lucile C. Eberle
(Address) Chelsea, Much	(Address) Selsea, Mich
OR RACE Mile BIRTHDAY (Years)	OR RACE SIRTHDAY(Years)
BIRTHPLACE Romuleus Mich.	BIRTHPLACE Jeru Sudiana)
(And Industry) Section hand, MCRA	(And Industry) af home
Number of child of this mother Second	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIT	NG PHYSICIAN OR MIDWIFE.*
M I hereby certify that I attended the birth of this child, who	o was born alive at 9.36 M.
on the date above stated.	(Born alive or stillborn.)
(Cignoture)	Andres Julde, M.D.
Have eyes of child been treated with	Mare eyes of child been treated with
a prophylaxis solution? Dated Dated	(Attending physician, pridwife, father, etc.*)
Given or christian name added from a Address	Called Mulippe
supplemental report 191 Filed aug	21 1018 SI Hayd
suppremental report.	REGISTRAR.

County of Assistance Of Mining To House County of Assistance Of Mining To House Of The County of Assistance Of The County of Assistance Of The County of The	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of	Registered No.
Village of helses	Village of Secretary
(No.	St.,Ward)
FULL NAME OF CHILD	
Sex of Male Twin, triplet, or other? and \{\text{Number tin order of birth}\}	Legiti- Legiti- Birth Que, 76, 191 (Month) (Day) (Year)
PULL NAME John 1. Hallace	MAIDEN MOTHER Alber
RESIDENCE (Address) Chelsea	RESIDENCE (Address) Chelsen
OR RACE Hill AGE AT LAST 39 (Years)	COLOR OR RACE HULE BIRTHDAY (Years)
BIRTHPLACE Sudeana	BIRTHPLACE Michigan 33AJAHTRES
(And Industry) Machinist	(And Industry) Veusewife
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	o was too alwe at I M.,
on the date above stated.	on the te above wasted.
Have eyes of child been treated with	3 Allow
a prophylaxis solution? Dated	(Attending physician/midwife, father/etc.*)
	Chelses Chelses
Given of christian name added from a	31 8 8 (120)
supplemental report 191 Filed	REGISTRAR.

N.B.-Incass of more than sene children within SEPARATE RETURN must be made for each, and the number of & cach in order of birth; stated. A Sec instructions on backets

PLACE OF BIRTH	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
	RECORD OF BIRTH
Township of	Registered No.
Village of Chelses	Village of
044 Wor	
City of (No.	a hospital or other institution, give name of same instead of street and number.)
OF CHILD day Jedoy 3	Vart [If child is not yet named, make supplemental report, as directed.
Sex of Twin, triplet, or other? and Number in order of birth	Legitimate? Date of Sold Control (Month) (Day) (Year)
FATHER RADIAN AMAR	FULL MOTHER MATTER MANUAL MANU
(Address) Chelsea Mich.	RESIDENCE (Address) Chelsea,
OR RACE Strike BIRTHDAY (Years)	or race thite Age at Last 20 (Years)
BIRTHPLACE Man West, Shia	BIRTHPLACE Caulding This
OCCUPATION (And Industry) Laborer	(And Industry)
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	NG PHYSICIAN OF MIDWIFE.*
I hereby certify that I attended the birth of this child, who	was thru alive at 25 M
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with	VIV. Delmidt M. D.
a prophylaxis solution?  Dated	(Attenting physician/midwife, father, etc.*)
Given or christian name added from a Address	Civen or christoper of the control o
supplemental report 191 Filed	11 2018 Alexander
. /	REGISTRAR.

STATE OF HTRIE TO STATE	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of TUIN ILLIAM THE STATE OF THE STATE	RECORD OF BIRTH
Township of or or of the state	Registered No.
Village of Coulomb	Village of Section 1
City of (No. (If birth occurs in	St., Ward) a hospital or other institution, give name of same instead of street and number.)
FULL NAME File Edward	Tustur [If child is not yet named, mak supplemental report, as directed
Sex of Wale Twin, triplet, or other? and { Number in order of birth	Legiti- mate?  Birth (Month) (Day) (Year
FATHER TOSTER MECHANICA	MAIDEN LOUIS Semp son
RESIDENCE (Address) Chelsea Mich-	RESIDENCE (Address) Chelle Mich
COLOR OR RACE AT LAST BIRTHDAY (Years)	COLOR OR RACE White- BIRTHDAY (Years)
Howell Mich	BIRTHPLACE Bay lity Much
(And Industry) Ladur HOYANUSSO	OCCUPATION (And Industry)
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, wh	o was torre alive at 5 M.
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with	J. T. Damas - Pulso
a prophylaxis solution? The Dated	Have eyes of child heen treated with
I I The average of the information of makes the land of the control of the contro	(Attending physician, midwife, father, etc.*)
Given of christian name added from a	Given or office of the a Advent
supplemental report 191 Filed	1910 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 of birth, stated. See instructions on back. WRITE PLANKLY, WITH UNFABERG INK -THIS IS A PERMANENT RECORD.

STATE OF MINTELS TO STATE	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Manual	RECORD OF BIRTH
Village of Phelica Mich -	Registered No. 10 and 10 and 10
City of (No. (If birth occurs in a	St.,
FULL NAME OF CHILD	{ If child is not yet named, make supplemental report, as directed.
Sex of child Female Twin, triplet, or other? Wo and Number in order of birth	Legitimate? Date of Oct 13 (Month) (Day) (Year)
Succent Baro	MOTHER BULL
(Address) Chefre Mich-	RESIDENCE (Address) Philade Mila
OR RACE AT LAST SIRTHDAY (Years)	or race White Age at Last 28 (Years)
Serre fool Oliv	BIRTHPLACE Chelica Julich
(And Industry)	(And Industry) at Home -
Number of child of this mother Land	Number of children, of this mother, now living ————————————————————————————————————
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	7 .
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with (Signature)	THOLES Gulde- 41.12-
a prophylaxis solution? Dated Col.	(Attending physician, midwife, father, etc.)
Given or christian name added from a Address	1= 0- 011 P2 P2
supplemental report 191 Filed CC/	5 191 6 Pagistran.

PLACE OF BIRTH   M - O 3 TATS	STATE OF MICHIGAN Department of State-Division of Vital Statistics
County of	RECORD OF BIRTH
Township of	Registered No. 20 -
Village of	A DALLA SA le caller
Or (No.	St.,Ward)
(If birth occurs in	a hospital or other institution, give name of same instead of street and number.)
of CHILD Clifted	The file child is not yet named, make supplemental report, as directed.
Sex of Male Twin, triplet, or other? and {Number in order of birth	Legitimate? Date of Oct 28, 191. (Month) (Day) (Year)
Paleich Helson - MANTEN	MAIDEN MOTHER MAIDEN MANE Mandie M. Herriore
RESIDENCE (Address) Philips Mile -	RESIDENCE (Address) Chelsea Mich-
OR RACE   AGE AT LAST DIRTHDAY (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE Fife Jake- Mich-	BIRTHPLACE CLICA - SSALMHTMIN
(And Industry)	(And Industry) House wife (rounded bank)
Number of child of this mother Second	Number of children, of this mather, now living
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	was four alive at 2:30/M.
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with (Signature)	Jan Culius - 711 Pe-
a prophylaxis solution? Dated 10-	24/ 1918-
A STATE OF THE STA	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address supplemental report 191 Filed	21-1918 - W. G. Blayd

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

STATE OF MIHTME TO STATE	STATE OF MICHIGAN
County of Manager	Department of StateDivision of Vital Statistics  RECORD OF BIRTH
Township of	Registered No. 21 T
Village of Cleffer	10
or	Village of
City of	hospital or other institution, give name of same instead of street and number.)
OF CHILD Server Beizel	{ If child is not yet named, make supplemental report, as directed.
Sex of child Ferrale Twin, triplet, or other? Juight and (Number in order of birth	Legitimate? Date of Oct 9-/-, 1913 (Month) (Day) (Year)
Colvard Peissel	MAIDEN NAME COLOR FORTER
(Address) Chella	RESIDENCE (Address)
OR RACE White- BIRTHDAY. (Years)	OR RACE White BIRTHDAY (Years)
BIRTHPLACE guicling and	BIRTHPLACE Michigani-
(And Industry) Land Jahrer	(And Industry) Housewife Wastange
Number of child of this mother was the second of address	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 alust at lo & M.
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with) (Signature)	January 12 19 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a prophylaxis solution? W Dated Ca. 72	101 000000
Given or christian name added from a Address	(Attending physician, midwife, father, etc.*)
Or T	99 2- 91 la Bard
supplemental report 191 Filed	REGISTRAR.

County of Mary Learning of County of Mary Learning	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of TUCCOV Village of	Registered No. 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(No.	St., Ward)
OF CHILD	{ If child is not yet named, make supplemental report, as directed.
Sex of Tamale Twin, triplet, or other? W- } and { Number in order of birth	Legiti- mate? Date of Oct 95, 191 (Month) (Day) (Year)
NAME Wartin Planing - MACHAM	MAIDEN MOTHER SMAN
(Address) Philippe Hugh-	RESIDENCE (Address) Chelica Mich
OR RACE White BIRTHDAY (Years)	OR RACE White BIRTHDAY (Years)
Sustice Hungary-	BIRTHPLACE Gustina Hungay
(And Industry) Saforer - Cement Hand	OCCUPATION (And Industry) at Home
Number of child of this mother with the second	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	10
on the date above stated.  Have eyes of child been treated with	Was Born alive or stillborn.)  Gern alive or stillborn.)
a prophylaxis solution? Dated College Dated Dated College Dated Date	(Attending physician, midwife, father, etc.*)
supplemental report 191 Filed Oct	27- 10185 QU Co. BAJO

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5	e child at a birth, a SEPARATE RETURN must
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ů.	1016
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	N. B.—In case of more than case child at a birth, a SEPARATE RETURN must be made for each, and the each in order of birth, stated. See instructions on back.
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	STATE OF MINISTER 30 STATE	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
	County of Wantillian	RECORD OF BIRTH
	Township of	Registered No. 23 Tawal
	Village of Oliver	to egalliv
		hospites or other institution, give name of same instead of street and number.) Ward)
	OF CHILD Fred Williams School	thet h - {If child is not yet named, make supplemental report, as directed.
	Sex of Gale - Twin, triplet, or other? and Number in order of birth	Legitimate? Date of 10 9 - 1918 - (Month) (Day) (Year)
	FULL NAME Tred M- Schwarfert	MAIDEN WILCHER Scripter
	(Address) Phelsea Mich	RESIDENCE (Address) Celebral Mich-
	OR RACE (Years)	OR RACE White BIRTHDAY (Years)
	Grathfield with	Warley Go- H. MATTER
	(And Industry) Fuerfacer April 1981	(And Industry) Squeette
	Number of child of this mother	Number of children, of this mother, now living
1	CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWIFE.
	I hereby certify that I attended the birth of this child, who	was Bornalive or stillborn.)
	on the date above stated. (Signature)	H.W. Schmidt-bote stated over day
	Have eyes of child been treated with	Have eyes of child been frended with
	a propaytaxis solution!	Olelala (Attending phylician, midwife, father, etc. *)
	Given or christian name added from a Address	8 1918 qv. le. 13440c-
	BARTOURN	REGISTRAR.

Township of TWOWN Village of	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH  Registered No. 24 - 1
FULL NAME OF CHILD OF	- Locion Signature Supplemental report, as directed.
child Tource triplet, or other? To and in order of birth	mate? Birth (Month) (Day) (Year)  FULL MAIDEN NAME  OLD GOOGLE
RESIDENCE (Address) Color OR RACE A LAST 27	RESIDENCE (Address)  COLOR OR RACE O A F BIRTHDAY
BIRTHPLACE (Years)  OCCOPATION (Anolindustry)	BIRTHPLACE (Years)  OCCUPATION (And Industry)
Number of child of this mother Links	Number of children, of this mother, now living
I hereby certify that I attended the birth of this child, who on the date above stated.  Have eyes of child been treated with a prophylaxis solution?  Given or christian name added from a Address	Was Born alive or stillborn.  (Born alive or stillborn.)  (Born alive or stillborn.)  (Attending physician, midwife, father, etc.*)
supplemental report 191 Filed	191 Mile. Boyd -

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. Mente Planke, with Unfading 18K—This is a Permanent Record.

STATE OF M HTRIS TO STATE	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of Wastelliam.	RECORD OF BIRTH
Township of filian -	Registered No. 25
or Road or or	and a state of the
Village of Kulling	Village of Augustana
	bospital or other institution, give name of same instead of street and number.)
of CHILD Orphia Marie }	(If child is not yet named, make supplemental report, as directed.
Sex of Ferrole Twin, triplet, or other? and {Number in order of birth	Legitimate? 980 - Date of 40 29 - 1918 - (Month) (Day) (Year)
William Sempre Scription	MAIDEN Suly Glay Elclidge -
RESIDENCE (Address) Chelrea Mich -	RESIDENCE (Address)
OR RACE White SIRTHDAY (Years)	OR RACE OF THE SIRTHDAY (Years)
BIRTHPLACE Waryen Go- H. Y-	Harren Go W. 7-
OCCUPATION (And Industry)	(And Industry) Lowertic
Number of child of this mother Four	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	A A A A A A A A A A A A A A A A A A A
I hereby certify that I attended the birth of this child, who	was Ant 23 - at 830 AM.,
on the date above stated.	Gorn alive or stillborn.)
Have eyes of child been treated with	M. Al. Schulds-
a prophylaxis solution? Dated AN	5 1918 7
The state of the s	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	\$ 0.41 P. 18
supplemental report 191 Filed	191 REGISTRAR.

County of County of City of Ci	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH Registered No. 26.  St., Ward) hospital or other institution, give name of same instead of street and number.)
FULL NAME Margaret Bernadi  Sex of Child Formal Triplet.   and South Sirth	Birth 40 2 7 , 1918
FULL NAME WILLIAM BUCK- RESIDENCE (Address)	MOTHER MAIDEN MOTHER HOLL-  RESIDENCE (Address)
COLOR OR RACE White- BIRTHDAY (Years)  BIRTHPLACE  BIRTHDAY HILLE WHILE-	COLOR OR RACE White- BIRTHDAY. (Years)  BIRTHPLACE Color Col
Number of child of this mother Second	Number of children, of this mother, now living
I hereby certify that I attended the birth of this child, who on the date above stated.  Have eyes of child been treated with a prophylaxis solution?  Given or christian name added from a supplemental report	12 11- 1

WHERE PLANTE, METH UNFROME MM THIS IS A PERMANENT RECORD

STATE OF MINTER TO STAIN	STATE OF MICHIGAN DAMAS Department of State-Division of Vital Statistics	
County of Manual	RECORD OF BIRTH	
Township of	Registered No.	
Village of Cuelsca	Villago of Color	
City of (No. (If high occurs in	St., Ward)	
FULL NAME Margaret Vern	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 triplet. Twin, triplet. or other of birth	Legiti- Date of Birth (Month) (Day) , 191 (Year)	
PATHER Williams	MOTHER MOTHER WILLIAM	
RESIDENCE (Address) Chelsen much	(Address) Chelsen Much	
OR RACE MALE BIRTHDAY (Years)	OR RACE That BIRTHDAY (YEAR)	
BIRTHPLACE Milliamarton, Much	BIRTHPLACE Detroit Much	
(And Industry) Tool maker	(And Industry) aphome (Common back)	
Number of child of this mother Alexander	Number of children, of this mother, now living	
CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE. * Cent. Otans.	
I hereby certify that I attended the birth of this child, who	was torn alive at 17 M.	
on the date above stated.	(Born alive or stillborn.)	
Have eyes of child been Treated with (Signature)	unares que de	
1/1/2 / > - 1 / 1/20	4 101 Pores	
a prophylaxis solution		
a propayiaxis solution	helsen Meeting physician, midwife, father, etc. *)	
Given or christian name added from a Address supplemental report 191 Filed	helse Michaelm physician, midwife, father, etc. *)	

County of Ashlesse	STATE OF MICHIGAN DAMP
Township of	REGORD OF BIRTH  Registered No. 28
Village of helsen	Village of
City of (No. (If birth occur	St.,
FULL NAME Stuck Elyalect	Lindeman (If child is not yet named, make supplemental report, as directed.
Sex of the triplet, or other? and Number in order of birth	Legitimate? Date of Sec , 30 , 1918 (Year)
FULL NAME Clines & Lindeman	MAIDEN Jellen J. Mahslock
RESIDENCE (Address) Chelsea, Much	RESIDENCE (Address) Phelsen Much
COLOR OR RACE THE BIRTHDAY (YEARS)	COLOR OR RACE WILL BIRTHDAY (Years)
BIRTHPLACE Deviler Jusp. Mich	BIRTHPLACE Lyndon Jup. Much
(And Industry) Electrocan Maria (Maria )	(And Industry) Housewife within the
Number of child of this mother Gerse	Number of children, of this mother, now living One
CERTIFICATE OF ATTEN	DING 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	Bare eres of calle been areas of all
a prophylaxis solution? Dated	7 191 9 (Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	Chelses Migh
Given of Christian name added from a	101 8 1 (7×1)
supplemental report 191 Filed	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.

Sex of Twin, triplet, or other? and fin order of birth mater.  FATHER MAIDEN MADE MAIDEN MADE MAIDEN MADE MADE MADE MADE MADE MADE MADE MADE	County of Manuteurus	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH
City of (if birth occurs in a hospital or other institution, give name of same instead of street and number.)  FULL NAME OF CHILD.  Sex of Child Twin.   And Number of child of this mother.   Legitimals   Legitimal	Village of Cleber	Village of To Manual As Comment
Sex of child triplet, and looker in order of birth mate?  FULL NAME  FATHER  RESIDENCE (Address)  COLOR OR RACE  Number of child of this mother.  Rumber of child of this mother.  Rumber of child of this mother.  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*  Might have eyes of child been treated with a prophylaxis solution?  Given or christian name added from a supplemental report.  Sex of thild being triplet in order in	City of (No. (If birth occurs in a	hospital or other institution, give name of same instead of street and number.)
PULL MADE ALLEST SURPLIANT COLOR (Address)  COLOR OR RACE ALAST SURPLIANT (Years)  BIRTHPLACE  Number of child of this mother OF ATTENDING PHYSICIAN OR MIDWIFE.*  Mind Industry)  Mumber of child been treated with a prophylaxis solution?  Given or christian name added from a supplemental report. 191 Filed 1910.	triplet, and in order	Legitimate? Date of Garage 1, 191
COLOR OR RACE  BIRTHDAY.  (Years)  BIRTHDAY.	NAME 1	FULL MOTHER JAWA
BIRTHDAY (Years)  CCCUPATION (And Industry)  Mumber of child of this mother, now living (And Industry)  And Industry)  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*  M I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.)  BIRTHDAY (Years)  OR RACE (Years)  BIRTHDAY (Years)  CCCUPATION (And Industry)  Mumber of children, of this mother, now living (Attending physician, midwife, father, etc.*)  AND (Attending physician, midwife, father, etc.*)  Given or christian name added from a Address (Attending physician, midwife, father, etc.*)  Given or christian name added from a Address (Attending physician, midwife, father, etc.*)	THE PARTY OF THE P	
Number of child of this mother	OR RACE BIRTHDAY	
Number of child of this mother  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*  I hereby certify that I attended the birth of this child, who was the state of child been treated with a prophylaxis solution?  Given or christian name added from a Address (Attending physician, midwife, father, etg.*)  (And Industry)  Number of child mother, now living  Number of children, of this mother, now living  Attending physician, midwife, father, etg.*)  (Attending physician, midwife, father, etg.*)  (Attending physician, midwife, father, etg.*)	Michigan	BIRTHPLACE Michican
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*  M I hereby certify that I attended the birth of this child, who was Address (Signature)  Born alive or stillborn.)  (Attending physician, midwife, father, etc.*)  Given or christian name added from a supplemental report.  191 Filed.  191	The state of the s	
I hereby certify that I attended the birth of this child, who was Address (Signature)  Address (Attending physician, midwife, father, etc.*)  Address (Signature)  Filed 191	Number of child of this mother 2	Number of children, of this mather, now living
a prophylaxis solution?  Dated and 191 (Attending physician, midwife, father, etc.*)  Given or christian name added from a supplemental report 191 Filed 191	I hereby certify that I attended the birth of this child, who on the date above stated.	Was Balling and Million Description of the Management of the Company of the Management of the Manageme
supplemental report 191 Filed 191	a prophylaxis solution? Dated and	(Attending physician, midwife, father, etc.*)
	or o	191alia

County of Manufacture	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
Township of Langue	RECORD OF BIRTH
or Old I am	Registered No.
Village of the land	Village of T. L.
City of (No	St.;Ward) hospital or other institution, give name of same instead of street and number.)
OF CHILD Keltle E. Begur	{ If child is not yet named, make supplemental report, as directed.
Sex of Male Twin. triplet, or other? W and \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Legiti- mate? Date of Birth 20,- (Month) (Day) (Year)
PATHER BLOUR MANAGE	MAIDEN MOTHER BUNER
RESIDENCE (Address) Chelher Mich	RESIDENCE (Address) Challen
OR RACE White BIRTHDAY (Years)	COLOR OR RACE WILL BIRTHDAY (Years)
BIRTHPLACE Misherville Mich -	BIRTHPLACE Wirth Oldans - Mich
(And Industry) A. R. R. Freight Of	(And Industry) A House
Number of child of this mother. Fair f	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	12
I hereby certify that I attended the birth of this child, who	Was At
on the date above stated.	Distallato Oulal destrol
Have eyes of child been treated with	Have eyes to the plant age of the state of the
a prophylaxis solution? Dated / - /	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	ulreal V
supplemental report	191ali II
паятыря	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 PLAIRLY, WITH UNFADING INK THIS IS A PERMANENT RECORD.

PLACE OF BIRTH M TO HTATS	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Manual Control of Manual County of Manual Count	RECORD OF BIRTH
Township of Julium	Registered No.
Village of the lend	Village of Land Committee
City of (No. (If birth occurs in a)	St., Ward) cospital 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 Ferrale Twin, triplet, or other? If and Number in order of birth	Legiti- mate? Date of Sirth (Month) (Day) (Year)
FATHER Columns Martin.	MAIDEN AME CLA - So Schieles
(Address) Water - Wich - 1000	RESIDENCE (Address) Patrol - Hick - School
OR RACE White - AGE AT LAST 27 BIRTHDAY (Years)	OR RACE   AGE AT LAST D D D D D D D D D D D D D D D D D D D
BIRTHPLACE Clurator- Als-	Budsewater Hill-
(And Industry) us plector Ford Hoter Co-	(And Industry) at House - (catandal &a.k.)
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 bed Julie a live in mat 10: 33 M.
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with (Signature)	Maria - Julia
a prophylaxis solution? Dated Que	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	leened Michigan
supplemental report 191 Filed	191 REGISTRAR.

County of Manufactural	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Tylucus	Registered No.
Village of Ollelsea -	Village of t Sale Lack
City of (No. (If birth-occurs in a	St., Ward)
of Child aurence - E.	If child is not yet named, make supplemental report, as directed.
Sex of Male - Twin, triplet, or other? and Number in order of birth	Legitimate? For - Birth (Month) (Day) (Year)
NAME PARA C. FISCH - MECHAN	MOTHER MOTHER LANDEN NAME COLON Lelylall -
RESIDENCE (Address) Phelsea Alich	(Address) Chelled Address
OR RACE Whate BIRTHDAY (Years)	COLOR OR RACE AGE AT LAST GO (Years)
BIRTHPLACE Stachidge Hich	BIRTHPLACE QUILLETY 5
(And Industry) Hachener - (Cuto)	(And Industry) Touse Hill - Market In A)
Number of child of this mother Fust	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	12 0 00 - 10.00
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with	flat - W. Pakusis - The
a prophylaxis solution? Dated - 2	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	Chelsia Ruch-
V and a second s	191
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	e child at a birth, a SEPARATE RETURN must be man each in order of birth, stated. See instructions on back.
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	f. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the
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County of Asile nauk to the track	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
RECORD OF BIRTH	RECORD OF BIRTH
Township of	Registered No.
Village of Sielsea	Village of E-CLCCCCC
has Wor AP (No	
City of	St., Ward) a hospital or other institution, give name of same instead of street and number.)
OF CHILD lichard Herber	et talling [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?  Date of Annual Control (Month)  (Month)  (Day)  (Year)
FATHER LIVE	FULL MOTHER MOTHER NAME Sucha Coller
RESIDENCE (Address) Chelsea	(Address) Chelsea (Address)
OR RACE SIRTHDAY (Years)	COLOR OR RACE Shill BIRTHDAY (Years)
BIRTHPLACE Michigan	BIRTHPLACE Michigan
(And Industry) Railroad (Charles Bril)	(And Industry) None (Stanbal Link)
Number of child of this mother.	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.*
1100	1 130
I hereby certify that I attended the birth of this child, who	(Born alive or stillborn.)
on the date above stated.	on the date above stated.
Have eyes of child been treated with	Jan Jan Sound Philas, 10 and or the
a prophylaxis solution? See Dated	19th 19th
	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	3, 2 min
supplemental report 191 Filed Que	1919
months of S	REGISTRAR.

PLACE OF BIRTH County of Lulysa Wash Lewart	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
NINIA TO AND DATE	RECORD OF BIRTH
Township of or	Registered No. 6
Village of tullille -	Village of
City of (No.	St., Ward)
(If birth occurs in a	hospital or other institution, give name of same instead of street and number.)
of CHILD halfu- Call &	1 Ylu - { 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	mate? Us - Date of Tel- 12 , 1919 (Month) (Day) Year)
FULL NAME LALLE WALLS - SMAKE	MOTHER Hettie Jermion
RESIDENCE (Address)	RESIDENCE (Address)
OR RACE White BIRTHDAY (Years)	COLOR OR RACE White - AGE AT LAST 9 9 (Years)
BIRTHPLACE OLIVE BOALPHTRIS	BIRTHPLACE Chief
(And Industry) Fullurau-	OCCUPATION (And Industry) (And Industry)
Number of child of this mother.	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	T. 110 1919 - 7 1506
on the date above stated.	(Born alive or stillborn.)
(Signature)	6.7. Woods - MI 2-
Have eyes of child been treated with	Have eyes of child been treated with
a prophylaxis solution? Dated	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	lebear
T.I	14 1919 Ml. Bayd -
supplemental report 191 Filed	REGISTRAR.

N.-B.--In case of more than one children birth, a SEPARATE RETURN must be made for each, and the number of restrictions on back.

PLACE OF BI	STATE OF MITTE		TE OF MIC	CHICAN of Vital Statistics
County of Water	87918 30 090338	adao	RECORD OF BI	County of County of
Township of			]	Registered No. 7
Village of Chell	rea			Village of Chelage
Or City of	(No	***************************************		St. Ward)
d of scool and daminer.)	(If birth occ	urs in a hospital or other insti	tution, give name of same	instead of street and number.)
of child	n Alfred ack	rer		If child is not yet named, make supplemental report, as directed.
		Legiti- mate? Yes	Birth Of	th) (Day) 1919
John au	10 1 0 1 Mag	FULL MAIDEN NAME EL	Marie Wa	Island Benert
(Address) helsea	Michigan	RESIDENCE (Address)	Kelsea	Miligen
OR RACE White	AGE AT LAST 44 BIRTHDAY	OR RACE	ete	AGE AT LAST 2 4
allento	wn Pa.	BIRTHPLACE	nandon	R Var. SAMHTAN
(And Industry)	Michigan Partland	OCCUPATION (And Industry)	House wi	Love Intestigi
Number of child of this	mother first	Number of children	n, of this mother, now liv	ing one
	CERTIFICATE OF ATTEN	DING PHYSICIAN	OR MIDWIFE *	
Thereby cortify that I		THE RESERVE AND A PROPERTY OF	O The state of the	7:30
on the date above stated	attended the birth of this child,	who was	(Born alive or stillborn	at 1. JOM.,
11.36	(Signatur	ea.a.	almer	m. D.
Have eyes of child	been treated with	Commentatio)	freated with	Have ores of child been
a prophylaxis solution	) Dated a	Jen 3. 191.9	(Attending pl	ysician, midwife, father, etc.!)
Given or christian r	name added from a Address	chelsea	Much	igan
supplemental report	191 Filed @	br 12 1019	Hwat	Keeman
AAATABBB	Flied	191	A State of the sta	REGISTRAR.

County of Masklenau	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics  RECORD OF BIRTH
Township of or Village of Allows  Or O	Registered No. St., Ward) a hospital or other institution, give name of same instead of street and number.)
FULL NAME Of CHILD Rewis 1	Garcens . [If child is not yet named, make supplemental report, as directed.
Sex of Hale Twin, triplet, or other? and { Number in order of birth	Legiti- mate? Yes Birth Charl 30 1919 (Month) (Day) (Year)
PATHER Daniel a Parsons	MAIDEN NAME ameline Burkern Hancelmann
RESIDENCE (Address) Chelsen Mick	RESIDENCE (Address) Deater Muchany
COLOR OR RACE WILLS BIRTHDAY (Years)	OR RACE white AGE ATLAST 2.7 BIRTHDAY (Years)
Webster Lownship:	Sunfield Much
OCCUPATION James Muligan Porland	OCCUPATION (And Industry) Louise wife
Number of child of this mother	Number of children, of this mother, now living
I hereby certify that I attended the birth of this child, who on the date above stated.  (Signature)	o was aline (Born alive or stillborn.)  at 2 H M.,
Have eyes of child been treated with a prophylaxis solution?  Given or christian name added from a supplemental report.  191  Filed	(Attending physician, midwife, father, etc.)
Supplemental report	REGISTRAR.

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County of Maskanaw	Department of StateDivision of Vital Statistics RECORD OF BIRTH		
Township of Ogloan	Registered No. 9		
Village of Okelsea	Villago of Shelican Med		
City of (No. (If birth occur	St., Ward		
FULL NAME	rs in a nospital or other institution, give name of same instead of street and number.)		
OF CHILD	II child is not yet named, ma supplemental report, as directe		
Sex of Male Twin, triplet, or other? 20 and Sumber in order of birth	Legiti- Date of On 26		
Allest. a Schoon	MAIDEN MOTHER		
RESIDENCE (Address Lelsea Mich	RESIDENCE (Address) Bleken Mick		
OR RACE LES BIRTHDAY (Years)	COLOR OR RACE Wells BIRTHDAY (Years)		
reckon T. S. Wark G. Mic	R Baurhow Gel.		
(And Industry) Car gyman	(And Industry) Louise Wife.		
Number of child of the mother Third	Number of children, of this mother, now living one		
CERTIFICATE OF ATTENT	DING PHYSICIAN OR MIDWIFE.*		
I hereby certify that I attended the birth of this child,			
on the date above stated.	(Born alive or stillborn.)		
Have eyes of child been treated with	Undros Galde M.D.		
51 5-00	27 191 9 m.l.		
a prophytaxis solution:	(Attending physician, midwife, father, etc.*)		
Given or christian name added from a Address	curea fiful		
supplemental report 191 Filed	1		

County of Wastleman	STATE OF MICHIGAN Department of State-Division of Vital Statistics RECORD OF BIRTH
Township of Sylvan Village of Chelsen Meil	Registered No. / O
City of (No. (If birth occurs in a FULL NAME OF CHILD	St.,
Twin, triplet, or other? W and { Number in order of birth	Legitimate? Les Birth May 15 (Day) (Year)
NAME Wallace M Camba	MAIDEN MOTHER MAIDEN NAME Mary E. Loolling.
RESIDENCE (Address) Chelsen, Mick	RESIDENCE (Address)
OR RACE WILL SIRTHDAY (Years)	OR RACE WILL BIRTHDAY (Years)
Dever Co., Penn.	OCCUPATION Paris, Olis.
(And Industry)  Number of child of this mother	OCCUPATION (And Industry) Lone  Number of children, of this mother, now living Love
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who on the date above stated.	NG PHYSICIAN OR MIDWIFE.*
Have eyes of child been treated with a prophylaxis solution? Les Dated 5/2	(Attending physician, pidwife, father, etc.*)
Given or christian name added from a Address Supplemental report 191 Filed	4 25 191 9 21.24 Greenass.

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ON FIRM	STATE OF MICHT	STATE OF M Department of StateDivis	
	lenow	RECORD OF	BIRTH
Township of			Registered No.
Village of Chels	cal		Williage of C. Cocce
City of	(No(If birth occurs in a		St., Ward
	(If birth occurs in a	hospital or other institution, give name of sa	me instead of street and number.)
OF CHILD	Clee and	Hoster	If child is not yet named, mak supplemental report, as directed
abilia tri	vin. plet, other?  and { Number in order of birth	Legiti- mate? Lee Birth	Month) (Day) (Year
FULL RAME Engine	Master Hadam	FULL MO MAIDEN NAME Evelyn	THER
RESIDENCE (Address) Chel	near that said the sa	RESIDENCE (Address) Chelse	a LA LA CONTRACTOR
OR RACE White	AGE AT LAST BIRTHDAY (Years)	OR RACE While	BIRTHDAY (Years)
Dirthplace Then	igan s	BIRTHPLACE Mick	igan
(And Industry)	mber	(And Industry)	enile horabal has
Number of child of this mo	therit. From indiam aid he eathlide to success?	Number of children, of this mother, now	Hiving Unity and his State to Indian W
	CERTIFICATE OF ATTENDING	G PHYSICIAN OP MIDWIFE	90
I hereby cartify that I a	1	2	
on the date above stated.	ttended the birth of this child, who	(Born alive or stillbe	orn.)
Have eyes of child be	(Signature)	A & Bu	ch.
	71	11 191 9 1910	) /
a prophylaxis solution?		(Attending	physician, midwife, father, etc.")
Given or christian na	me added from a Address	helsea	
supplemental report	191 Filed Com	v7/1919 . V.	W. Hreeman

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PLACE OF BIRTH IN HO BIATA	STATE OF MICHIGAN Department of State-Division of Vital Statistics
County of Ashtenan	RECORD OF BIRTH
Township of	Registered No. 12
Village of Chelsea	Village of Children
City of (No. (If birth occurs in a	hospital or other institution, give name of same instead of street and number.)
FULL NAME Elizabeth Bet	[If child is not yet named, mak supplemental report, as directed
Sex of Twin, triplet, or other? and Number in order of birth	Legitimate? Leg Birth (Month) (Day) (Year
FULL FATHER Edward n Maes	MOTHER MAIDEN HAME Ellen M. Wade
(Address) Chelsea, Mich.	(Address) Chelsea Mich
OR RACE While AGE AT LAST 3/BIRTHDAY (Years)	OR RACE CLEE SIRTHDAY 35  (Years)
BIRTHPLACE New Renail Ohio	Lina Ip. Which.
(And Industry) Theef metal worker	(And Industry) fourse wife.
Number of child of this mother	Number of children, of this mother, now living o
CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	was alm at 5 PM. (Born alive or stillborn.)
on the date above stated.	on the date where states
Have eyes of child been treated with (Signature)	Letry VI acmes
a prophylaxis solution? Yes Dated 4/1	(Attending physician, midwife, father, etc.")
A CALIFORNIA TRANSPORT THE NAME OF PERSONS ASSESSED.	Chelsea Mich
Given of christian name added from a	26 26 45 4
supplemental report 191 Filed 91.	V / 1917 REGISTRAR.

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WRITE PLAIBLY, WITH UNFABING INK-THIS IS A PERMARENT RECORD	n case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the
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	PLACE OF BIRTHIN TO TATE	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
	County of Paghlenaus	RECORD OF BIRTH
	Township of Sufficient	Registered No. 23 HWOT
	Village of Chelsea	Village of Schoen
	City of (No. (If birth occurs in a h	St., Ward)
	FULL NAME Jane Calkerin	PRILL NAME OF A CONTRACTOR OF
-	Sex of twin, triplet, or other? and Number in order of birth	Legiti- mate? Legiti- (Month) (Day) (Year)
-	Matthew & Malastian	MAIDEN MOTHER HALL
	(Address) Chelsea	RESIDENCE (Address) Chelsea Back Address
	OR RACE While AGE AT LAST BIRTHDAY(Years)	or race wile Age at Last 2 3 (Years)
te in	Carlelyle Ol	HONDE Journel Ind.
	(And Industry) Chemist	(And Industry) House wife
	Number of child of this mother	Number of children, of this mother, now living Luco
	CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE.*
	I hereby certify that I attended the birth of this child, who	was farm aline at 10PM.
1	on the date above stated.	(Born alive or stillborn.)
	Have eyes of child been treated with (Signature)	Teo a Galmer 1/1.
	a prophylaxis solution? Les Dated 7/19	9 1919 (Attending physician, midwife, father, etc. 7)
1	Given or christian name added from a Address CA	le le ca Done La Company
	supplemental report 191 Filed July	0/ 36 16

STATE OF MICHIGAN Department of State-Division of Vital Statistics
RECORD OF BIRTH
Registered No.
Village of Cel week
St., Ward) hospital or other institution, give name of same instead of street and number.)
Yehild is not yet named, make   Supplemental report, as directed.
Legitimate? Date of Aug 16-, 1917  (Month) (Day) (Year)
FULL MOTHER MAIDEN MOTHER MAME Mara Lunter
RESIDENCE (Address)
OR RACE White BIRTHDAY (Years)
BIRTHPLACE Chelsean Mick
(And Industry) Lause keeper.
Number of children, of this mother, now living 6
G PHYSICIAN OR MIDWIFE.*
was any 16-19 at/1-50 M.
(Born alive or stillborn.)
Sy. w. sumar
(Attending physicism, midwife, father, etc.*)
helsea Milly
18 1917 J.W. + reeman

Township of	REGORD
Registered No.	
Village of Chelsea.	
City of (No. (If h	pirth occurs in a hospital or other institution, give name
OF CHILD John Rus	and Thench
Sex of child Male triplet, or other? and Number in order of birth	-Miga_i Legiti-
FATHER Ray French.	HAGIAM MAIDEN NAME Sulh
	RESIDENCE (Address)
or race while BIRTHDAY	(cars) COLOR OR RACE While
Muchegan "	BIRTHPLACE ON
	(And Industry)
Number of child of this mother $2$	Number of children, of this mother
CERTIFICATE OF A	TTENDING PHYSICIAN OR MIDW
I hereby certify that I attended the birth of this	child, who was Barn ale
on the date above stated.	(Born alive or
Have eyes of child been treated with	(nature)
a prophylaxis solution? (10) Date	ed 191 has a
A STATE OF THE PARTY OF THE PAR	ress Chelsen

PLACE OF BIRTH

### STATE OF MICHIGAN

Department of State--Division of Vital Statistics

### RECORD OF BI

Registered No. /	Lownson
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St., aer institution, give name of same instead of street and number.)

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

Date of (Day) MOTHER

(Years)

BIRTHPLACE

children, of this mother, now living

### CIAN OR MIDWIFE.\*

B)	(Born alive or stillborn.)	
(Signature)	Sush Bush bates stated. Bush	a c
Dated	191 191 Phipping	***
, , , , , , , , , , , , , , , , , , , ,	(Attending physician, midwife, father, etc.*)	Ä

Filed augy 9

PLACE OF BIRTH M 70 STATS	STATE OF MICHIGAN Department of State-Division of Vital Statistics
County of Mashtenew	RECORD OF BIRTH
Township of	Registered No.
Village of Chelsen.	Village of State Contract
or (No(If birth occ	St., Ward) urs in a hospital or other institution, give name of same instead of street and number.)
OF CHILD Cilleen Ma	ry Class . (If child is not yet named, make supplemental report, as directed.
	Legitimate? Yes Birth aug 28, 1919 (Mooth) (Day) (Year)
NAME (	MOTHER MATTER Schaundout
RESIDENCE (Address) Chelsen M.	
OR RACE Wille BIRTHDAY. (Years)	COLOR OR RACE WILL BIRTHDAY (Years)
BIRTHPLACE Germand	BIRTHPLACE Germany
OCCUPATION (And Industry) armer	OCCUPATION HOSTARDOO
Number of child of this mother 3 74	Number of children, of this mother, now living 3. In hills in mother
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE.*
M I hereby certify that I attended the birth of this child, on the date above stated.	who was farn alive or stillborn.)
Have eyes of child been treated with	BILL BOARDER DERNE DER FACTOR
a prophylaxis solution? Dated	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	Culsa 2
supplemental report 191 Filed Co	ug 29 1919 S. W. Fracus

PLACE OF BIRTH O HATATE	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics  RECORD OF BIRTH
4 William of Chelsen.	Registered No. / 7
City of (If birth occurs in FULL NAME OF CHILD Swin, triplet, and Number in order	11 child is not yet named, make supplemental report, as directed.
Sex of triplet.   and   Number in order of birth	Legitimate? Date of Sept 7, 1919 (Year)
FULL PATHER NAME 40 FATHER	MAIDEN Dellinh Crance.
RESIDENCE (Address) Chelsen	RESIDENCE (Address) Chelsen.
COLOR OR RACE While BIRTHDAY (Years)	COLOR OR RACE While.  AGE AT LAST 25 BIRTHDAY (Years)
BIRTHPLACE Curade STATES	BIRTHPLACE and
OCCUPATION (And Industry) Rule Mechanic	OCCUPATION (And Industry) Laurewife -
Number of child of this mother and 2	Number of children, of this mother, now living
CERTIFICATE OF ATTENDED  I hereby certify that I attended the birth of this child, we on the date above stated.  Have eyes of child been treated with a prophylaxis solution?  Given or christian name added from a Address supplemental report.  191 Filed	1 1919 Christian, midwife, father, etc.")

County of Wastleman	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH	
Township of Village of Chelsen	Registered No. / 8 in wo T	
City of (No. (If birth occurs in a b	St.,	
Sex of triplet, or other?	Legitimate? Date of Sept 12, 1912.  (Month) (Day) (Year)	
FATHER Edward Walnee Fish.	MAIDEN Averila Harper.	
(Address) We Chilseer	RESIDENCE (Address) Chelsen	
OR RACE WILL. AGE AT LAST 37. (Years)	or race while BIRTHDAY (Years)	
BIRTHPLACE Miligan BOATHTRIS		
OCCUPATION (And Industry) Engineer Stationary (And Industry) More.		
Number of child of this mother:	Number of children, of this mother, now living $3$	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*  M I hereby certify that I attended the birth of this child, who was (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 Address  Address		
supplemental report 191 Filed 199	15 199 W. W Numan	

County of Washlenan	Department of StateDiv RECORD 0	Course by of the State of States
Township of		Registered No. 19 ManwoT
Village of Chilsee.		Village of Chelicus
City of (No. (If birth occurs in	a hospital or other institution, give name of	St.,
FULL NAME Varginia May	Clevelanel	(If child is not yet named, make supplemental report, as directed.
Sex of Lemule Twin, triplet, or other? and (Number in order of birth	Legiti- mate? Date of (	Month) (Day) , 1819
Paymend Clevelone	FULL MAIDEN NAME Harri	ett C. Washlu
(Address) Chelsen	RESIDENCE (Address)	Chelsia (model)
OR RACE WILL BIRTHDAY (Years)	OR RACE White	AGE AT LAST 2
BIRTHPLACE Con a -	BIRTHPLACE	ich . I DANGHERIE
(And Industry) Merchiner .	OCCUPATION (And Industry)	(And Industry)
Number of child of this mother	Number of children, of this mother,	now living an a 3 all do la coderat.
CERTIFICATE OF ATTENDIT	G PHYSICIAN OR MIDWI	FE.*
I hereby certify that I attended the birth of this child, who	vas aline	babania I tudi viirat S Q M.
on the date above stated.	(Born alive or st	on the date above stated.
Have eyes of child been treated with	1.5	HAVE EYES OF EMILS BEEN LICE
a prophylaxis solution?	15 1919 (Atten	ding physician, midwife, father, etc.
Given or christian name added from a Address	Address A	helsen:
supplemental report 191 Filed Sub	15 1919	.W. I reeman

STATE OF MICHTAIR TO STALE	STATE OF MICHIGAN Department of StateDivision of Vital Statistics	
County of Washlenau	RECORD OF BIRTH	
Township of Village of Chelsea .	Registered No. 20	
Or City of (No. (If birth occurs in a	St.,	
OF CHILD ( as yet ) Home.	alice Barnel [If child is not yet named, make supplemental report, as directed.	
Sex of child Lemale Twin, triplet, or other?	Legitimate? yes Birth Sept 30, (Day) (Year)	
FULL PATHER NAME Clamas N. Hame.	MAIDEN Alice I'M! Shire	
RESIDENCE (Address) Chelsea Mich	(Address) Chelsen Mich	
OR RACE lubite AGE AT LAST 444 BIRTHDAY (Years)	or RACE While BIRTHDAY (Years)	
BIRTHPLACE Waterloo BIRTHPLACE Deviler Mich.		
OCCUPATION (And Industry) Laborer (And Industry) Housewife.		
Number of child of this mother Lench	Number of children, of this mother, now living Trine	
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.*	
M I hereby certify that I attended the birth of this child, who	was horn alme. at a a.M.	
on the date above stated.	(Born alive opstillborn.)	
Have eyes of child been treated with	-V w. Comer.	
a prophylaxis solution? (fer, Dated 10/	/ 191/9. (Attending physician, midwife, father, etc. ")	
Given or christian name added from a Address Chelsen		
supplemental report 191 Filed Oct	2 191 9 CAN TURNER	

cae shild 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. WHITE PLANEY, WITH UNFRONG INK THIS IS A PERMANENT RECORD.

County of Washtenan	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
A PIE TO MADOZA	RECORD OF BIRTH
Township of Septeman	Registered No. 2
Village of Chilsen.	Neglative Alexander
(handyor 45	19,
City of (No. (If birth occurs in a	St.,
OF CHILD not manual	If child is not yet named, mak supplemental report, as directed
Sex of Twin, triplet. or other? no and Number in order of birth	Legiti- yes Date of Oct 3, 1919 (Month) (Day) (Car
Mus albert ashfal.	FULL MOTHER MAIDEN NAME Pula 1 7 1 4 6 da
RESIDENCE (Address) Chelson Much	RESIDENCE (Address) Chelsen Mil.
OR RACE While AGE AT LAST 28 BIRTHDAY. (Years)	OR RACE While BIRTHDAY 2 3 (Years)
Germany.	BIRTHPLACE Wals mich.
(And Industry) Machinest (Theodol bas)	(And Industry) al home (excelled bak)
Number of child of this mother Question	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	3 PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	was born aline at 5,20 m.
on the date above stated.	(Born alive or stillborn.) Astaja ovoda otab edt no
Colombia Col	Undres Guelde
have eyes of child been treated with	SM O
a prophylaxis solution? Dated (0)	(Attending physician, midwife, father, etc.)
Given or christian name added from a Address	Cherry of Muchania as assis
supplemental report 191 Filed Oct	5 1914 St. W. 7 rieman
	and the same of the same of

STATE OF MINTAIN TO STAIN	SIM TO STATE		
County of Wastlenaw	RECORD OF BIRTH		
Township of	Registered No. 2 2		
Village of Chilsia	Village of Children		
or (No. (If birth occurs in a	hospital or other institution, give name of same instead of street and number.)		
FULL NAME Ocid Unnamed	{ If child is not yet named, make supplemental report, as directed		
Sex of triplet. As and Number in order of birth	Legiti- Les Birth Oct 8 , 191.9 (Month) (Day) (Year)		
PULL PATHER  Mike Belf	MAIDEN MOTHER MOTHER MAIDEN		
RESIDENCE (Address) Chelsia Mil.	(Address) Chelaw Mich.		
OR RACE While AGE AT LAST 3 3 BIRTHDAY (Years)	COLOR OR RACE Alkile BIRTHDAY (Years)		
austria Hungary	BIRTHPLACE Custria Hangary.		
OCCUPATION (And Industry) Laker. Coment Plan.	OCCUPATION (And Industry) af Lame		
Number of child of this mother	Number of children, of this mother, now living Lwo.		
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.*		
I hereby certify that I attended the birth of this child, who	60 001 90		
on the date above stated.	B. d. Hill beint moderno		
Have eyes of child been treated with (Signature)	Lave eyes of child been treated with		
a prophylaxis solution? Dated 10/11	(Attending physician, midwife, father, etc.")		
Given or christian name added from a Address	Lelson Mick.		
supplemental report 191 Filed Oct	12 1919 AW Tresonan		

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STATE OF MINTRIE TO STATE	STATE OF MICHIGAN Department of State-Division of Vital Statistics
County of Nastlinou	RECORD OF BIRTH
Township of October .	Registered No. 2 3 awoT
Village of (No. (If birth occurs in a	St., Ward)
FULL NAME OF CHILD  TOT  TOT  TOT  TOT  TOT  TOT  TOT  T	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 Twin, triplet, and Number in order or other?	Legitimate? Date of Of 30, 1819. (Month) (Day) (Year)
FULL NAME FLORIDA S. Boyce.	FULL MAIDEN MOTHER NAME Slovence E. Hanh
RESIDENCE (Address)	RESIDENCE (Address) Chelsen
OR RACE White BIRTHDAY 2 (Years)	OR BACE Will BIRTHDAY 25 (Years)
Lighdon Tp. Wash &. Miel.	DixtuTb. Wash Co.
(And Industry) reman Stateman Engine	(And Industry) Lone.
Number of child of this mother	Number of children, of this mather, now living 3
CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	was have alice at 10. M.
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with	Challe M.A.
a prophylaxis solution? Dated //	1919
	(Attending physician, midwife, father, ctc.*)
Orven of emistan name added from a	2 9/1/1
supplemental report 191 Filed	2 1919 W T Adulta REGISTRAR.

STATE OF MICHTAIN TO BIALD	_ OTATE OF INTOTACE		
County of Nashtenau	Department of StateDivision of Vital Statistics		
Township of Palen M.	Registered No. 24		
Village of California	St. Ward)		
(No	St.,		
OF CHILD Marrion Bel	Leweland [If child is not yet named, make supplemental report, as directed.		
Sex of triplet, or other? and Number in order of birth	Legitimate? Date of O.J. 3/ 1919 (Month) (Day) (Year)		
PULL PATHER MANE Merle Cleveland	MAIDEN Glarene Jompskins.		
RESIDENCE (Address) Chelsen ADVENTAGE	(Address) Chelsen M.		
OR RACE Will AGE AT LAST 22 (Years)	or race while BIRTHDAY (Years)		
Suttex buy Sona	BIRTHPLACE Grant Mich		
(And Industry) Sleef Frencher.	(And Industry) Domey les		
Number of child of this mother	Number of children, of this mother, now living One		
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE.*		
MI hereby certify that I attended the birth of this child, wh	10 was Born alive. at 10-40 M.		
on the date above stated.	(Born alive or stillborn.)		
(Signature)	Hwselmedt M.D.		
Have eyes of child been treated with	Have eyes of child noen treated with		
a prophylaxis solution? Dated (\$\infty \infty \)	(Attending physician, midwife, father, etc.*)		
Given or christian name added from a Address	Chelsen Mul		
supplemental report 191 Filed	9 1017 H.W. Freeman		
Samuel I Continue I Co	REGISTRAR.		

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	an cae child at a birth, a SEPARATE RETURN must be me
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	f. B. In case of more than cae child at a birth, a SEPARATE RETURN must be made for each, and the number of

STATE OF MINTRE TO TAKE	STATE OF MICHIGAN  Department of StateDivision of Vital Statistics
County of Vartheran	RECORD OF BIRTH
Township of Sefficient	Registered No.
Village of Chelsea.	Museum and Manager
(No.	St.,Ward)
FULL NAME andrew Theha	a hospital or other institution, give name of same instead of street and number.)  Les Shaudalla [If child is not yet named, make supplemental report, as directed.]
Sex of Male Twin, triplet, 200 and Number in order of birth	Legitimate? Us Birth See 4 1919 (Year)
John J. Slandalla	MAIDEN Harry M. Written
(Apdress) Chelsea	RESIDENCE (Address)
or race white BIRTHDAY	OR HACE Will BIRTHDAY (Years)
austria Hungary	BIRTHPLACE Old Forge Penn.
(And Industry) Le St lix Co. Labour	(And Industry) af Rome.
Number of child of this mother Security	Number of children, of this mother, now living Leneng.
The state of the s	NG PHYSICIAN OR MIDWIFE. cant. stand
I hereby certify that I attended the birth of this child, who	o was Line alive or stillborn.) (Born alive or stillborn.)
on the date above stated.	on the dat stove stated.
Have eyes of child been treated with	CALLED THE PROPERTY WAS DISTANCED TO THE STATE OF THE STA
a prophylaxis solution?	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	kelsea.
supplemental report 191 Filed / 2	8, 1919 Pureman

County of Washington	STATE OF MICHIGAN Department of StateDivision of Vital Statistics RECORD OF BIRTH
Township of Village of No. (No. (If birth occurs in a	Registered No. 2 Common St., Ward)
of CHILD Not named.	{ If child is not yet named, make supplemental report, as directed.
Sex of Jemela Twin, triplet, or other? and Number in order of birth	Legitimate? Use Birth Dec 9, 1919 (Year)
FATHER Lowrence W. Umstead	MOTHER MOTHER MAIDEN AME Curing E. Hagadon
RESIDENCE (Address) Detroit Which	RESIDENCE (Address) Detroit Mich.
OR RACE WHILE BIRTHDAY. (Years)	OR RACE WILL BIRTHDAY (Years)
BIRTHPLACE Pattstown Penn	New Barton Mich
(And Industry) Butches (ephalin) bear	(And Industry) at home.
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, who	was from alive or stillborn.)  (Born alive or stillborn.)
on the date above stated.	on the God at the God and to
Have eyes of child been treated with	Hare eyes of child been treated with
a prophylaxis solution? Les. Dated 12	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	Chiles Miel
supplemental report 191 Filed 12	11 191.9 PREGISTRAR.

N. B...In case of more than can 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.

STATE OF MINTER TO BALL	STATE OF MICHIGAN		
County of Carlos	RECORD OF BIRTH		
Township of Sullana	Registered No. 27		
Village of Chelsen	Village of		
City of (No. (Habirth occurs in a)	St.,Ward) Respital or other institution, give name of same instead of street and number.)		
OF CHILD for named as you	If child is not yet named, make supplemental report, as directed.		
Sex of Mule Twin, triplet, or other? I and Number in order of birth	Legiti- Yes Date of Dec (6, 1919)  (Month) (Day) (Year)		
FATHER J. Tephurn.	FULL MOTHER MADEN MAGGIN P. Hudson		
(Address) elelsen.	RESIDENCE (Address)		
OR RACE WILL BIRTHDAY (Years)	OR RACE While BIRTHDAY (Years)		
Detroit Mich	While Oak Mil.		
(And Industry) auto assembles	(And Industry) at lone.		
Number of child of this mother Large	Number of children, of this mother, now living the		
CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE. * Cent. slandary		
I hereby certify that I attended the birth of this child, who	was been aling at 5:40 M.		
on the date above stated.	(Born alive or stillborn.)		
Have eyes of child been treated with (Signature)			
a prophylaxis solution? Dated Dated	(Attending physician, midwife, father, etc.*)		
Given or christian name added from a Address	elocal Marking and administration		
supplemental report 191 Filed (2)	191 A REGISTRAR.		

STATE OF MI HTMB TO STATE	STATE OF MICHIGAN Department of StateDivision of Vital Statistics
County of Wastlinger	RECORD OF BIRTH
Township of Selling	Registered No. 28
Village of	Village of Colone
or (No(If birth occurs in a	St.,
FULL NAME Cleaner M.	Birch. { If child is not yet named, make supplemental report, as directed.
Sex of Child Junale Twin, triplet, or other? and Number in order of birth	Legitimate? Yeu Birth Wearn bey 16, 191.7. (Month) (Day) (Year)
Occar R. B auch	Legitimate? Yeu Birth Commbey 16, 191.7  (Month) (Day) (Year)  FULL MOTHER  MAIDEN NAME Mabel M Starfield  RESIDENCE (Address)  COLOR COLOR AGE AT LAST 2 H BIRTHDAY (Years)
RESIDENCE (Address) Chulcia	RESIDENCE (Address) Chelsea
COLOR OR RACE White BIRTHDAY (Years)	COLOR OR RACE White BIRTHDAY (Years)
BIRTHPLACE Michigan	BIRTHPLACE Michigan
(And Industry)	OCCUPATION (And Industry)
Number of child of this mother	Number of children, of this mother, now living
CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWIFE.*
I hereby certify that I attended the birth of this child, who	was aline at M.,
on the date above stated.	(Born alive or stillborn.)
Have eyes of child been treated with	Led Wood
2 D. 1 V. C.	18 101 4 Vayer van
a prophylaxis solution	(Attending physician, midwife, father, etc.*)
Given or christian name added from a Address	La
supplemental report 191 Filed au	1010 9. Willeaman
#ANT2-028	REGISTRAR.

PLACE OF BIRTH M TO STATE	STATE OF MICHIGAN		
County of Washerau	Department of StateDivision of Vital Statistics RECORD OF BIRTH		
Township of gluan	Registered No. 29		
Village of Chelia	Registered No.		
(No	West Wash		
City of (If birth occurs in a	St.,		
OF CHILD Floren et Marion	Cog or [If child is not yet named, make supplemental report, as directed.		
Sex of triplet, triplet, or other? and Number in order of birth	Legitimate? Qs Birth January 23, 19120 (Month) (Day) (Year)		
POUR L Rogers	MOTHER MAIDEN Florence W. Martine		
RESIDENCE (Address) Chilsen Polich	(Address) Chelse a Mich.		
OR RACE White BIRTHDAY (Years)	COLOR OR RACE White BIRTHDAY (Years)		
I tockbridge Wick	BIRTHPLACE Reading Mich		
(And Industry) Book Reeper	OCCUPATION (And Industry)		
Number of child of this mother	Number of children, of this mother, now living Fleie		
CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWIFE.*		
I hereby certify that I attended the birth of this child, who	was before aline I me of P. M.		
on the date above stated.	(Born alive or stillborn.)		
Have eyes of child been treated with (Signature)	J. W. Jalmer		
11	6 1012 00		
a propuliaxis solution:	(Attending physician, midwife, father, etc.*)		
Given or christian name added from a Address	made a specie		
supplemental report 191 Filed 1/22	6/20191 Huf reewas		

STATE OF MINTHE TO STATE	STATE OF MICHIGAN Department of StateDivision of Vital Statistics		
County of Wastlinson	RECORD OF BIRTH		
Township of	-40	Registered No.	
Village of Calsen		Villago of Luka	
City of (No. (If birth occurs in a	a hospital or other institution, give name of sa	St.,	
FULL NAME Carmer & Roy	Slaum.	{ If child is not yet named, make supplemental report, as directed.	
Sex of Male Twin, triplet, or other? and { Number in order of birth	Legitimate? Yes Birth (A	Month) (Day) , 191	
FULL NAME Carmer Le Roy Slown	FULL MO MAIDEN NAME MAIDEN MARY MARY MA	HER gdalin Schang.	
RESIDENCE (Address) Chelsen	RESIDENCE (Address) Chila	ian	
OR RACE (1).  AGE AT LAST 2/ BIRTHDAY(Years)	COLOR OR RACE	AGE AT LAST 20 BIRTHDAY (Years)	
BIRTHPLACE Muskeyon	BIRTHPLACE CALLS	in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(And Industry) Laker ( Calental Ban)	OCCUPATION (And Industry)	(ked lacater)	
Humber of child of this mother	Number of children, of this mother, now	living	
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE	NO.	
I hereby certify that I attended the birth of this child, who	was barn ale	ne at 7 a.m.	
on the date above stated.	e al Pe	on the date above stated.	
Have eyes of child been treated with	coated with	Have eyes of child been to	
a prophylaxis solution? Dated Min	2 191 20 (Attendin	g physician, midwife, father, etc.*)	
Given or christian name added from a Address	Chelson	THEY BARRIED IN BOYED	
supplemental report 191 Filed Man	2-20 191 1.0	V. Trumen	

PROBLEM.