

2015-59

STATE OF MICHIGAN  
DEPARTMENT OF STATE—DIVISION OF VITAL STATISTICS  
**REGISTER OF BIRTHS**

PUBLIC ACT NO. 330 OF 1905

CHELSEA .....  
(Township or Village.)

County of .....

From MAR 25<sup>th</sup> 7<sup>th</sup>, 1920, to DEC 28<sup>th</sup>, 1922

**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.

## MARGIN RESERVED FOR BINDING

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

## PLACE OF BIRTH

County of Detroit  
Township of Clemon  
or  
Village of .....

or  
City of .....

FULL NAME  
OF CHILD

Sex of  
child Female

Twin,  
triplet,  
or other?

(No.)

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 3

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

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

Lillian Jane Miller

Date of Birth March 25, 1920  
(Month) (Day) (Year)

Full Name Max M. Miller

## FATHER

Residence  
(P. O. Address)

Clemon Mich

Color  
or Race

white

Age at Last  
Birthday 20  
(Years)

Birthplace

Fellsway Maryland

Occupation  
(And Industry)

Fireman

Full Maiden Name

## MOTHER

Residence  
(P. O. Address)

Clemon

Color  
or Race

white

Age at Last  
Birthday 19  
(Years)

Birthplace

Waldenburg Pa.

Occupation  
(And Industry)

Housewife

Number of child of this mother 1st

Number of children, of this mother, now living 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M.  
on the date above stated.

(Born alive or stillborn.)

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

(Signature)

G. G. Palmer

Dated 3-26-20

(Attending physician, midwife, father, etc.)

Address

Clemon Mich

Filed 3-27 1920

S. W. Freeman  
Registrar.

Given or christian name added from a  
supplemental report 19

## PLACE OF BIRTH

Westland

County of

Township of

or  
Chelsea

Village of

or

City of

FULL NAME  
OF CHILDSex of  
child

Female

Twin, No  
triplet,  
or other? { and { Number  
in order  
of birth }Legiti-  
mamate? YesDate of  
Birth.

Mar 7, 19

(Month)

(Day)

(Year)

Full  
Name

FATHER

Albert Kropke

Residence  
(P. O. Address)

Chelsea

Color  
or Race

white

Age at Last  
Birthday.....  
(Years)

Birthplace

Ridged Hill

Occupation  
(And Industry)

I breaker

Number of child of this mother

2nd

Number of children, of this mother, now living

Two

I hereby certify that I attended the birth of this child, who was alive at 9 P. M.  
on the date above stated.  
(Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution?Given or christian name added from a  
supplemental report.....  
19.....

(Signature)

A. Lulde

Dated 3/9/19

(Attending physician, midwife, father, etc.)

Address ChelseaFiled 3/10/19H. A. Freeman

Registrar

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 4(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same  
instead of street and number.){ If child is not yet named, make  
supplemental report, as directed.N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and  
the number of each in order of birth, stated. See instructions on back.

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

## MARGIN RESERVED FOR BINDING

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

## PLACE OF BIRTH

County of Washtenaw

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

or

Village of Chester

or

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

FULL NAME  
OF CHILD Mallie Lechner

Sex of child Female Twin, triplet, or other? \_\_\_\_\_

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

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

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

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## RECORD OF BIRTH

Registered No. 5

Full Name	FATHER
<u>Lis. Con Lechner</u>	<u>John Lechner</u>

Residence (P. O. Address)	
<u>Chester</u>	<u>Chester</u>

Color or Race	Age at Last Birthday (Years)
<u>white</u>	<u>52</u>

Birthplace	
<u>Warren Co.</u>	<u>N. York</u>

Occupation (And Industry)	
<u>Farmer</u>	<u>Farmer</u>

Full Name	MOTHER
<u>Emmy Lechner</u>	<u>Emmy Lechner</u>

Residence (P. O. Address)	
<u>Chester</u>	<u>Chester</u>

Color or Race	Age at Last Birthday (Years)
<u>white</u>	<u>31</u>

Birthplace	
<u>Eastfield</u>	<u>Eastfield</u>

Occupation (And Industry)	
<u>Waiter</u>	<u>Waiter</u>

Number of child of this mother 5 Number of children, of this mother, now living 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 9:45 M.,  
on the date above stated.

Have eyes of child been treated with  
a prophylaxis solution? Yes (Signature) N.W. Schmidt  
Dated 3-15-20 (Attending physician, midwife, father, etc.\*)

Given or christian name added from a  
supplemental report 10 Address Chester  
Filed 3-20-20 H.A. Freeman Registrar.

## PLACE OF BIRTH

County of Huron

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

or

Village of Chesca

or

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

FULL NAME  
OF CHILD Stewart Russell RoffSex of  
child MaleTwin,  
triplet,  
or other?

(No. ....

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

FATHER

Harold RoffResidence  
(P. O. Address)ChescaColor  
or Race whiteAge at Last  
Birthday 36.  
(Years)

Birthplace

CanadaOccupation  
(And Industry) Bateler

Number of child of this mother

Number of children, of this mother, now living

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M.  
on the date above stated.

(Born alive or stillborn.)

Have eyes of child been treated with  
a prophylaxis solution? yes.(Signature) S. J. BachDated 3-20-19Address ChescaFiled 3/24/19

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

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

## RECORD OF BIRTH

Registered No. 6.

St., ..... Ward)

{ If child is not yet named, make  
supplemental report, as directed.Legiti-  
mate? Yes.Date of  
Birth Mar 16 - 20(Month) Mar (Day) 16 (Year) 19Full  
Maiden  
Name Josephine Halsmedell

MOTHER

Residence  
(P. O. Address)ChescaColor  
or Race whiteAge at Last  
Birthday 32.  
(Years)

Birthplace

Ast.Occupation  
(And Industry) Kasen's

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

MARGIN RESERVED FOR BINDING

Form 220-11-18-1000.

220-11-18-1000.

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH <i>Westland</i>		STATE OF MICHIGAN Department of State—Division of Vital Statistics.				
County of <i>Westland</i>		RECORD OF BIRTH				
Township of or Village of or City of <i>Chilson</i>		(No.)	Registered No. .... <i>7</i>			
FAMILY NAME OF CHILD <i>Margarette Frying Oetels</i>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			St., ..... Ward)	
Sex of child <i>Female</i>	Twins, triplets, or other? <i></i>	{ and { Number in order of birth <i></i>	Legiti- mate? <i>yes</i>	Date of Birth <i>Mar 21-20, 19</i> (Month) (Day) (Year)	If child is not yet named, make supplemental report, as directed.	
Full Name <i>Fred Chilson Oetels</i>		MOTHER <i>Theresa May Pretynes</i>				
Residence (P. O. Address) <i>Chilson</i>	Full Maiden Name <i>Chilson</i>					
Color or Race <i>white</i>	Age at Last Birthday..... <i>34</i> (Years)	Color or Race <i>white</i>	Age at Last Birthday..... <i>31</i> (Years)			
Birthplace <i>Sylvan Township</i>	Birthplace <i>Jackson - MI</i>					
Occupation (And Industry) <i>Auto Supplies</i>	Occupation (And Industry) <i>House wife</i>					
Number of child of this mother..... <i>7th</i>		Number of children, of this mother, now living..... <i>9th</i>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.						
I hereby certify that I attended the birth of this child, who was..... <i>born alive</i> at <i>10 a.m.</i> (Born alive or stillborn.)						
Have eyes of child been treated with a prophylaxis solution? <i>yes</i>		(Signature) <i>G. G. Palmer.</i>				
Given or christian name added from a supplemental report..... <i>10</i>		Dated <i>3/20/20</i>	Address <i>Chilson</i>			
		Filed <i>3/26</i>	Attending physician, midwife, father, etc. <i>Dr. G. G. Palmer</i>			
			Registrar.			

## PLACE OF BIRTH

County of Washtenaw

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

or

Village of Chelsea

or

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

FULL NAME  
OF CHILDSex of child MaleTwin,  
triplet,  
or other?

(No.)

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

## RECORD OF BIRTH

Registered No. 8

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Robert James Schay

Full Name	FATHER		Full Maiden Name	MOTHER	
Residence (P. O. Address)	<u>Frederick Edward Schay</u>		<u>Louise Freida Pfeiffer</u>	<u>Manchester</u>	
Color or Race	<u>white</u>		Age at Last Birthday	<u>20</u> (Years)	
Birthplace	<u>Chelsea</u>		Age at Last Birthday	<u>18</u> (Years)	
Occupation (And Industry)	<u>Hazelnut</u>		Birthplace	<u>Manchester</u>	
Number of child of this mother <u>1st</u>		Number of children, of this mother, now living <u>one</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

(Signature) A. A. PalmerDated 4-13 1920

Given or christian name added from a  
 supplemental report 19

Address ChelseaAttending physician, midwife, father, etc. NoneFiled 4-14 1920 Half moon

Registrar

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

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

## MARGIN RESERVED FOR BINDING

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

## PLACE OF BIRTH

County of Washtenaw

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

or

Village of Chelsea

or

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

FULL NAME  
OF CHILD

Sex of child Female

Twin,  
triplet,  
or other?

and

Number  
in order  
of birth

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 91

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

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

Francesca Scripture

## FATHER

Full Name

Wm. Lemon Scripture

Residence  
(P. O. Address)

Chelsea

Color  
or Race

white

Age at Last  
Birthday

53  
(Years)

Birthplace

Warren Co. N.Y.

Occupation  
(And Industry)

Laborer

Number of child of this mother

64

Number of children, of this mother, now living

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was alive at 11<sup>45</sup> P.M., on the date above stated.

(Born alive or stillborn.)

Have eyes of child been treated with

(Signature)

H.W. Schmid M.D.

a prophylaxis solution? yes

Dated ap 21 1920

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address

Chelsea

supplemental report.....19

Filed 4-23-2019

H.W. Freeman

Registrar.

## PLACE OF BIRTH

County of Wexford

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

or

Village of Chester

or

City of YpsilantiFULL NAME  
OF CHILD Jack W. RemondsenSex of child SingleTwin,  
triplet,  
or other?{ and } Number  
in order  
of birthLegiti-  
mate? Yes.Date of  
BirthMay 9 - 19  
(Month) (Day) (Year)Full Name Wilbur FATHER

Full MOTHER

Name Stetson RemondsenMaiden Name Jack WalyResidence  
(P. O. Address) ChesterResidence  
(P. O. Address) ChesterColor or Race W.Age at Last  
Birthday 25  
(Years)Color or Race W.Age at Last  
Birthday 27  
(Years)Birthplace Hannibal Miss.Birthplace Sufford Mich.Occupation  
(And Industry) FarmerOccupation  
(And Industry) HousewifeNumber of child of this mother 1stNumber of children, of this mother, now living 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Born alive at 3:00 A.M.  
(Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution? ye(Signature) J. R. BreckinridgeDated 5/19/20Given or christian name added from a  
supplemental report 19Address Ypsilanti Attending physician, midwife, father, etc.<sup>o</sup>Filed 5/19/20 19 J. Freeman

Registrar

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

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

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH <i>Wash.</i>		STATE OF MICHIGAN Department of State—Division of Vital Statistics.		
County of _____ Township of _____ or Village of <i>Chelson</i> or City of _____		RECORD OF BIRTH Registered No. <i>11</i>		
FAMILY NAME OF CHILD <i>Walter Leo. Jones.</i>		(No. _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)	St. _____ Ward _____ If child is not yet named, make supplemental report, as directed.	
Sex of child <i>Male.</i>	Twin, triplet, or other? _____	Number in order of birth <i>#1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>May 19 1900</i> (Month) (Day) (Year)
FATHER <i>Frank C Jones.</i>		MOTHER <i>Ella M Snyder.</i>		
Full Name _____ Residence (P. O. Address) <i>Chelson</i>	Full Maiden Name _____ Residence (P. O. Address) <i>Chelson</i>			
Color or Race <i>W.</i>	Age at Last Birthday _____ (Years) <i>21</i>	Color or Race <i>W.</i>	Age at Last Birthday _____ (Years) <i>22</i>	
Birthplace <i>Detroit.</i>	Birthplace <i>Ann Arbor</i>			
Occupation (And Industry) <i>Liner man</i>	Occupation (And Industry) <i>Horse wrangler</i>			
Number of child of this mother <i>3-1</i>	Number of children, of this mother, now living <i>3</i>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was _____ on the date above stated. at <i>10 P.M.</i> (Born alive <i>or stillborn.</i> )				
Have eyes of child been treated with a prophylaxis solution? _____	(Signature) <i>Geo Palmer.</i>			
Given or christian name added from a supplemental report. <i>10</i>	Dated <i>5/14/1900</i> (Attending physician, midwife, father, etc.) Address <i>Chelson</i>			
Filed <i>5/17/1900</i>	Registrar. <i>Hufneman</i>			

## PLACE OF BIRTH

County of Wash.

Township of Chelan.

Village of Chelan.

City of Chelan.

FULL NAME OF CHILD Robert Vernon Atton

Sex of child Male

Twin,  
triplet,  
or other?

(No.)

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

Full Name Frank E Atton

## FATHER

Residence (P. O. Address) Chelan.

Color or Race W.

Age at Last Birthday 39  
(Years)

Birthplace Greenup Kentucky

Occupation (And Industry) M. P. Cement Co.

Number of child of this mother 6<sup>th</sup>

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

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

Given or christian name added from a supplemental report 19

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 12

St., Ward)

or

City of

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

Legiti- mate? Yes

Date of Birth May 20  
(Month) 1920  
(Day) (Year)

Full Maiden Name Myrtle M Craft.

MOTHER

Residence (P. O. Address) Chelan.

Color or Race W.

Age at Last Birthday 33  
(Years)

Birthplace Greenup Kentucky

Occupation (And Industry) House wife

Number of children, of this mother, now living 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

on the date above stated.

(Born alive or stillborn.)

at 8:30 AM

Dr. Luede

(Signature)

Dated 5/24/1919

(Attending physician, midwife, father, etc.)

Address

Filed 5/25/1919

Registrar

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

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

## MARGIN RESERVED FOR BINDING

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

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

## PLACE OF BIRTH

County of Westland

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

or

Village of Chelsea.

or

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

FULL NAME  
OF CHILD(No. ....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## RECORD OF BIRTH

Registered No. 13

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Sex of child <u>Female</u>	Twin, triplet, or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legiti-mate? <u>Yes</u>	Date of Birth <u>June 18</u> (Month) <u>1920</u> (Day) <u>(Year)</u>
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Full Name <u>Joseph Palick</u>	FATHER	Full Maiden Name <u>Agnus Johnsonsas</u>	MOTHER
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Residence (P. O. Address) <u>Chelsea Mich.</u>	Color or Race <u>white</u>	Age at Last Birthday <u>14</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday <u>36</u> (Years)
------------------------------------------------	----------------------------	-------------------------------------------	----------------------------	-------------------------------------------

Birthplace <u>Poland.</u>	Occupation (And Industry) <u>Labor Cement Plat</u>	Birthplace <u>Poland.</u>	Occupation (And Industry) <u>Housewife.</u>
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Number of child of this mother <u>10<sup>th</sup></u>	Number of children, of this mother, now living <u>7<sup>th</sup></u>
-------------------------------------------------------	----------------------------------------------------------------------

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn.) at 10:53 A.M.Have eyes of child been treated with  
a prophylaxis solution? yes. (Signature) E. PalickGiven or christian name added from a  
supplemental report ..... 19 ..... Dated 6/19 1920 (Attending physician, midwife, father, etc.)Address Chelsea Filed 6/21 1920 N.Y. Freeman  
Registrar.

## PLACE OF BIRTH

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

FULL NAME OF CHILD Anthony Charles Todaro

Sex of child	Male	Twin, triplet, or other?	{ and }	Number in order of birth	Legitimate?	Date of Birth	St., Ward)
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Full Name	FATHER			MOTHER		
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Residence (P. O. Address)	Charles Todaro			Mary E Galandi		
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Color or Race	Age at Last Birthday			Age at Last Birthday		
---------------	----------------------	--	--	----------------------	--	--

Birthplace	white			White		
------------	-------	--	--	-------	--	--

Occupation (And Industry)	Sicily			Yorkshire, England		
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Number of child of this mother	Fourth			at Home		
--------------------------------	--------	--	--	---------	--	--

Number of children of this mother, now living Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE						
-----------------------------------------------	--	--	--	--	--	--

I hereby certify that I attended the birth of this child, who was	born alive	at 11 P.M.
-------------------------------------------------------------------	------------	------------

(Born alive or stillborn.)

Have eyes of child been treated with

a prophylaxis solution? Yes

Given or christian name added from a supplemental report 19

(Signature)

Dated 7/16/2019

Address Chelsea, Michigan

File d. 7/16/1920 H.W. Freeman  
C.R. Registrar

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 14

St., Ward)

(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.

N. B.—In case of more 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 UNADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form 220-11-18-1000.

0001-81-11-022 (Rev. 1940)

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

PLACE OF BIRTH				STATE OF MICHIGAN			
County of <u>Washtenaw</u>				Department of State—Division of Vital Statistics.			
Township of <u>Fishhawk</u> or Village of <u>Chelsea</u>				RECORD OF BIRTH			
City of _____				(No. _____)		St. _____	Ward) _____
				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
FULL NAME OF CHILD <u>Savina Irene Godlove</u>				{ If child is not yet named, make supplemental report, as directed.			
Sex of child <u>Female</u>	Twin, triplet, or other? _____	{ and	Number in order of birth _____	Legiti-mate? <u>Yes</u>	Date of Birth <u>July 20</u>	(Month) <u>July</u>	(Year) <u>1920</u>
FATHER <u>Gilbert Guy Godlove</u>				MOTHER <u>Ethel Elaine Stoner</u>			
Full Name	Residence (P. O. Address) <u>Chelsea, Mich.</u>			Full Maiden Name	Residence (P. O. Address) <u>Chelsea, Mich.</u>		
Color or Race <u>white</u>	Age at Last Birthday <u>22</u>	(Years)	Color or Race <u>white</u>	Age at Last Birthday <u>19</u>	(Years)		
Birthplace <u>West Virginia</u>	Occupation (And Industry) <u>Carpenter</u>			Birthplace <u>Hanover Md.</u>	Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>sixt</u>				Number of children, of this mother, now living <u>one</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.							
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5 P.M.</u> on the date above stated.							
(Born alive or stillborn.)							
Have eyes of child been treated with a prophylaxis solution? <u>Yes</u>				(Signature) <u>A. A. Palmer M.D.</u>			
Given or christian name added from a supplemental report <u>19</u>				Dated <u>July 21 1920</u> Attending Physician (Attending physician, midwife, father, etc.) Address <u>Chelsea, Michigan</u>			
				Filed <u>7/22 1920</u> N. A. Freeman Registrar.			

## PLACE OF BIRTH

County of Washtenaw  
 Township of Salem  
 or  
 Village of Chillicothe

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 16

(No.)

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

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

FULL NAME  
OF CHILDAlice S. Stoen & WalshSex of  
childFemaleTwin,  
triplet,  
or other?yes

and

Number  
in order  
of birthLegiti-  
mate? YesDate of  
BirthJuly 28, 1920  
(Month)      (Day)      (Year)Full  
Name

## FATHER

Eugene S. RapichResidence  
(P. O. Address)ChelseaColor  
or RaceWhiteAge at Last  
Birthday20  
(Years)Full  
Maiden  
Name

## MOTHER

Alice Stoen

## Birthplace

MichiganOccupation  
(And Industry)Mechanic-Auto IndustryResidence  
(P. O. Address)ChelseaColor  
or RaceWhiteAge at Last  
Birthday20  
(Years)

## Birthplace

MarylandOccupation  
(And Industry)Housewife

Number of child of this mother.....

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.at 6 P.M.  
(Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution? Yes(Signature) J. F. BushGiven or christian name added from a  
supplemental report..... 19Dated July 30, 1920 attending Dr. J. F. Bush

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

Address ChelseaFiled July 30, 1920 by J. F. Bush

Registrar.

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

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH		STATE OF MICHIGAN		
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics.		
Township of <u>Saylors</u> or Village of <u>Welles</u>		<b>RECORD OF BIRTH</b>		
City of _____		(No.) _____	St. _____	Ward) _____
FAMILY NAME OF CHILD <u>Edna Irene Cook</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
Sex of child <u>Female</u>	Twin, triplet, or other? <u> </u>	{ and { Number in order of birth	Legiti- mate? <u>yes</u>	{ If child is not yet named, make supplemental report, as directed.
Full Name <u>Hannah Irene Cook</u>	FATHER		Date of Birth <u>July 27, 1920</u>	(Month) <u>July</u> , (Day) <u>27</u> , (Year) <u>1920</u>
Residence (P. O. Address) <u>area Rd.</u>			MOTHER <u>Lavie &amp; Edna Cook</u>	
Color or Race <u>White</u>	Age at Last Birthday <u>18</u>	(Years)	Color or Race <u>White</u>	Age at Last Birthday <u>18</u>
Birthplace <u>Bethel City, Mich.</u>			Birthplace <u>Bethel City, Mich.</u>	
Occupation (And Industry) <u>Housewife</u>			Occupation (And Industry) <u>Housewife</u>	
Number of child of this mother <u>1st</u>		Number of children, of this mother, now living <u>5</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

Have eyes of child been treated with a prophylaxis solution? <u>yes</u>	(Signature) <u>A. J. Palmer, M.D.</u>
Given or christian name added from a supplemental report <u>19</u>	Dated <u>July 10, 1920</u> (Attending physician, midwife, father, etc.)
	Address <u>121 W. Huron St., Toledo, Ohio</u>
	Filed <u>July 10, 1920</u> by <u>R. H. Tolson</u> Registrar.

## PLACE OF BIRTH

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

FULL NAME  
OF CHILD not named

Sex of child <u>Female</u>	Twin, triplet, or other? <u>Single</u>	Number in order of birth {
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Full Name <u>Vernon Abdon</u>	FATHER
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Residence (P. O. Address) <u>Chelsea</u>
------------------------------------------

Color or Race <u>White</u>	Age at Last Birthday <u>37</u> (Years)
----------------------------	-------------------------------------------

Birthplace <u>Kentucky</u>
----------------------------

Occupation (And Industry) <u>Lala - Cement Manuf</u>
------------------------------------------------------

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

Given or christian name added from a  
supplemental report 19

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 18 St. \_\_\_\_\_ Ward \_\_\_\_\_

(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.

Legiti-mate? <u>Yes</u>	Date of Birth <u>Aug. 1</u> , 19 <u>20</u> (Month) (Day) (Year)
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Full Maiden Name <u>Elizabeth Peffer</u>	MOTHER
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Residence (P. O. Address) <u>Chelsea</u>
------------------------------------------

Color or Race <u>White</u>	Age at Last Birthday <u>38</u> (Years)
----------------------------	-------------------------------------------

Birthplace <u>Kentucky</u>
----------------------------

Occupation (And Industry) <u>Housewife</u>
--------------------------------------------

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

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

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

PLACE OF BIRTH		STATE OF MICHIGAN		
County of <u>Washtenaw</u>		Department of State—Division of Vital Statistics.		
Township of <u>Slyman</u> or Village of <u>Chebea</u>		<b>RECORD OF BIRTH</b>		
City of _____		(No. .... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)	St. ....	Ward) _____
FULL NAME OF CHILD		{ If child is not yet named, make supplemental report, as directed.		
Sex of child	Twin, triplet, or other	Number in order of birth	Legiti- mate?	Date of Birth
Male	<u>Single</u>	2	Yes	<u>Aug. 6, 1920</u> (Month)      (Day)      (Year)
FATHER		MOTHER		
Full Name	<u>Andy Fabian</u>		<u>Sarah Neos</u>	
Residence (P. O. Address)	<u>Chebea, Mich.</u>		<u>Chebea, Mich</u>	
Color or Race	Age at Last Birthday	28 (Years)	Color or Race	Age at Last Birthday
White			White	23 (Years)
Birthplace	<u>Austria-Hungary</u>		<u>Austria-Hungary</u>	
Occupation (And Industry)	<u>Labours - Garden Work</u>		<u>at home</u>	
Number of child of this mother.....		Number of children, of this mother, now living.....		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

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

(Signature) Andras Gulya M.D.  
Dated 8/17 1920 (Attending physician, midwife, father, etc.)  
Address Chebea, Mich.  
Filed 8/17 1920 N. W. Freeman  
C. F. F. Registrar.

## PLACE OF BIRTH

County of Washington  
 Township of Lyman  
 or Village of Chelsea

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 31

St. Ward)

(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.

FULL NAME OF CHILD Mary Josephine Linton

Sex of child	Twin, triplet, or other?	{ and }	Number in order of birth	Legitimate?	Date of Birth	Aug., 17, 1920
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Full Name	FATHER	MOTHER
Leslie Linton		Avilla P. Martin

Residence (P. O. Address)	Chester	Residence (P. O. Address)	Chester
---------------------------	---------	---------------------------	---------

Color or Race	White	Age at Last Birthday	28
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Birthplace	Michigan	Birthplace	Ohio
------------	----------	------------	------

Occupation (And Industry)	MacLinen	Occupation (And Industry)	Housewife
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Number of child of this mother Four

Number of children, of this mother, now living Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 M. on the date above stated.

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

Given or christian name added from a supplemental report 19

(Signature) A. G. Woods M.D.

Dated Aug. 19, 1920 Attending physician, midwife, father, etc.<sup>2</sup>

Address Chester

Filed 8/17/1920 N. W. Freeman

E. P. F. Registrar.

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

MARGIN RESERVED FOR BINDING

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH		STATE OF MICHIGAN Department of State—Division of Vital Statistics.		
County of <u>Hastings</u>				
Township of .....		RECORD OF BIRTH		
or		Registered No. ....		
Village of .....		St. .... Ward)		
or		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
City of .....				
FULL NAME OF CHILD <u>Ralph Matthew Oesterle</u>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Male</u>	Twin, triplet, or other? <u>single</u>	Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Aug. 19</u> (Month) <u>1920</u> (Day) <u>1920</u> (Year)
Full Name <u>John Oesterle</u>	FATHER		MOTHER <u>Emma W. Halsammer</u>	
Residence (P. O. Address) <u>Chester</u>			Residence (P. O. Address) <u>Chester</u>	
Color or Race <u>White</u>	Age at Last Birthday..... <u>40</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday..... <u>23</u> (Years)
Birthplace <u>Michigan</u>			Birthplace <u>Michigan</u>	
Occupation (And Industry) <u>Labourer-Steel Belt mfg.</u>			Occupation (And Industry) <u>Housewife.</u>	
Number of child of this mother..... <u>2</u>		Number of children, of this mother, now living..... <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

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

(Signature) S. G. Bush  
Dated Aug. 20 Attending Physician  
Address Chester  
Filed Aug. 20 1920 by J. W. Freeman  
Registrar.

## PLACE OF BIRTH

County of Washtenaw

Township of

or

Village of Chelsea

or

City of

FULL NAME  
OF CHILD

not named

Sex of child

Male

Twin,  
triplet,  
or other

Single

and  
Number  
in order  
of birthLegiti-  
mate?

yes

Date of  
BirthAug 28, 1920  
(Month) (Day) (Year)

Full Name

FATHER

George Mayer

Chelsea

Residence  
(P. O. Address)

Color or Race

white

Age at Last  
Birthday 40  
(Years)

Birthplace

Michigan

Occupation  
(And Industry)

Laborer-Scrub machine plant

Full  
Maiden  
Name

MOTHER

Amanda Jones.

Residence  
(P. O. Address)

Chelsea

Color or Race

white

Age at Last  
Birthday 39  
(Years)

Birthplace

Michigan

Occupation  
(And Industry)

Housewife

Number of child of this mother 1

Number of children, of this mother, now living 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

Born alive at 6 P.M.  
(Born alive or stillborn.)

(Signature)

S. G. Bush

Dated Sept 1 1920

Address

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

Filed 9/14 1920

H. W. Freeman  
E.P.A. RegistrarHave eyes of child been treated with  
a prophylaxis solution? YesGiven or christian name added from a  
supplemental report 19

N. B.—In case of more 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 UNFEADING INK—THIS IS A PERMANENT RECORD.

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

PLACE OF BIRTH  
County of Washtenaw  
Township of Sylvan  
or  
Village of Chester

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

FULL NAME  
OF CHILD Not named

(No. ....)

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics.

### RECORD OF BIRTH

Registered No. 23

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

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

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

Sex of child <u>Female</u>	Twin, triplet, or other <u>Single</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug 29, 1920</u>
Full Name <u>Lewis P. Vogel</u>	FATHER			MOTHER <u>Elizabeth Schoenith</u>
Residence (P. O. Address) <u>Chester</u>				
Color or Race <u>white</u>	Age at Last Birthday <u>47</u> (Years)			
Birthplace <u>Michigan</u>				
Occupation (And Industry) <u>Pharmacist</u>				

Number of child of this mother 4

Number of children, of this mother, now living 4

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

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

(Born alive or stillborn.)

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

(Signature) S. G. Bush

Given or christian name added from a  
supplemental report 19

Dated 12 (Attending physician, midwife, father, etc.)

Address Chester

Filed 9/14/1920 N.W. Freeman

C.F.F. Registrar.

## PLACE OF BIRTH

County of Washtenaw  
 Township of Syplain  
 or  
 Village of Chebea  
 or  
 City of \_\_\_\_\_

FULL NAME  
OF CHILD

Sex of child <u>Female</u>	Twin, triplet, or other? { and }	Number in order of birth <u>2</u>
----------------------------	----------------------------------	-----------------------------------

Full Name **FATHER**

J. Vincent Burg

Residence (P. O. Address)

Chebea, Mich.

Color or Race

White Age at Last Birthday 30 (Years)

Birthplace

East Liverpool, Ohio

Occupation (And Industry)

Pharmacist

Number of child of this mother Fourth Number of children, of this mother, now living Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 M.  
 on the date above stated.

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

Given or christian name added from a  
 supplemental report 19

(Signature)

Dated Sept 1928

Address Chebea, Mich.

Filed 9/17/28

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 24

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

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

Legiti-mate? <u>Yes</u>	Date of Birth <u>Sept 10, 1928</u> <small>(Month) (Day) (Year)</small>
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Full Maiden Name <b>MOTHER</b>	<u>Mary A Spinagle</u>
--------------------------------	------------------------

Residence (P. O. Address)	<u>Chebea, Mich.</u>
---------------------------	----------------------

Color or Race <u>White</u>	Age at Last Birthday <u>30</u> (Years)
----------------------------	----------------------------------------

Birthplace <u>Chebea, Mich.</u>	
---------------------------------	--

Occupation (And Industry) <u>at home</u>	
------------------------------------------	--

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

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

MARGIN RESERVED FOR BINDING

Form 220-11-18-1000.

Form 220-11-18-1000.

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH		STATE OF MICHIGAN Department of State—Division of Vital Statistics.		
County of <u>Washtenaw</u>		RECORD OF BIRTH		
Township of <u>Saginaw</u> or Village of <u>Chebea Mich</u>		Registered No..... 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 <u>Florence Minnie Crane</u>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Female</u>	Twin, triplet, or other? <u>No</u>	{ and { Number in order of birth <u>2</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>Oct 30, 1920</u> (Month) (Day) (Year)
Full Name <u>Neil Crane</u> FATHER		MOTHER <u>Nellie McBaugh</u>		
Residence (P. O. Address) <u>Chebea, Mich</u>		Residence (P. O. Address) <u>Chebea, Mich</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>24</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>20</u> (Years)	
Birthplace <u>Brooklyn, Mich.</u>		Birthplace <u>Broughton, Ohio</u>		
Occupation (And Industry) <u>Grinding Steel Bars</u>		Occupation (And Industry) <u>At home</u>		
Number of child of this mother <u>First</u>		Number of children, of this mother, now living <u>None</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive at 6:15 P.M.  
on the date above stated. (Born alive or stillborn.)

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

(Signature) Andrew Field, M.D.

Dated 10/18/20 (Attending physician, midwife, father, etc.)

Address 111 W. Washington Street, Saginaw, Mich.

Given or christian name added from a  
supplemental report. 19

Filed 10/18/20 Registrar. John C. Williams

## PLACE OF BIRTH

County of WashtenawTownship of Synder

or

Village of Chebea

or

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

FULL NAME  
OF CHILDJeanie Evelyn Weiss

(No.)

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 56

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

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

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

Sex of child <u>male</u>	Twin, triplet, or other? <u>sing</u>	and } Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Oct., 21, 1920</u> (Month)      (Day)      (Year)
Full Name <u>Irene Weiss</u>		FATHER	Full Maiden Name <u>Hern Kalmback</u> MOTHER	
Residence (P. O. Address) <u>Chebea</u>			Residence (P. O. Address) <u>Chebea</u>	
Color or Race <u>White</u>	Age at Last Birthday <u>33</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>27</u> (Years)	
Birthplace <u>Michigan</u>			Birthplace <u>Michigan</u>	
Occupation (And Industry) <u>Ice Delivery</u>			Occupation (And Industry) <u>Housewife</u>	

Number of child of this mother 2

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 brown hair at 114 M.  
on the date above stated.Have eyes of child been treated with  
a prophylaxis solution?(Signature) L. L. Bush

(Born alive or stillborn.)

Dated Oct 25 1920

(Attending physician, midwife, father, etc.)

Address \_\_\_\_\_

Filed 10/28/20H. W. Freeman

Registrar.

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

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

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH		STATE OF MICHIGAN Department of State—Division of Vital Statistics.		
County of <u>Kingsbury</u>		RECORD OF BIRTH		
Township of <u>Richards</u> or Village of <u>Chubbs</u> or City of _____		Registered No. <u>27</u>		
(No. _____)		St. _____ Ward) _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
FULL NAME OF CHILD <u>Ruby C. Maguire</u>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Female</u>	Twin, triplet, or other? <u>1st</u>	{ Number in order of birth <u>1</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>Sept. 6</u> , <u>1930</u> (Month) (Day) (Year)
Full Name <u>John C. Maguire</u>		MOTHER		
Residence (P. O. Address) <u>Mt. Pleasant</u>		Full Maiden Name <u>Claire</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>40</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>39</u> (Years)
Birthplace <u>Michigan</u>		Birthplace <u>Michigan</u>		
Occupation (And Industry) <u>None</u>		Occupation (And Industry) <u>None</u>		
Number of child of this mother.....		Number of children, of this mother, now living.....		

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

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

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

(Signature) Dr. Leland G. Feltner M.D.

Dated 10/13/30 1930 (Attending physician, midwife, father, etc.)

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

Address.....

Filed Nov 29 1930 \_\_\_\_\_

Registrar.

## PLACE OF BIRTH

County of LapeerTownship of Wadsworth

or

Village of Wadsworth

or

City of LapeerFULL NAME  
OF CHILD. John HenrySex of  
child MaleTwin,  
triplet,  
or other? None{ and } Number  
in order  
of birth 1Legiti-  
miate? YesDate of  
Birth NovSt., Michigan Ward) 28  
(Month), 1937, (Day) 19 (Year)Full  
Name Henry Wadsworth

FATHER

Residence  
(P. O. Address) Tuckever Rd.Color  
or Race WhiteAge at Last  
Birthday 36  
(Years)Birthplace Tuckever Rd.Occupation  
(And Industry) PainterFull  
Maiden  
Name MaryResidence  
(P. O. Address) MichiganColor  
or Race WhiteAge at Last  
Birthday 35  
(Years)Birthplace Bendleton Mich.Occupation  
(And Industry) HousewifeNumber of child of this mother 1Number of children, of this mother, now living 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:45 P.M.  
on the date above stated. Nov 1, 1937 (Born alive or stillborn.)

Have eyes of child been treated with  
a prophylaxis solution?

(Signature) H. C. S.Dated Nov 1, 1937

(Attending physician, midwife, father, etc.)

Given or christian name added from a  
supplemental report John 19

Address MichiganFiled Nov 3, 1937

Registrar.

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

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH County of <u>Washtenaw</u>		STATE OF MICHIGAN Department of State—Division of Vital Statistics.		
Township of _____ or Village of _____ or City of <u>Chelsea</u>		RECORD OF BIRTH Registered No. <u>1</u> St. _____ Ward) _____		
FAMILY NAME OF CHILD <u>J. Lloyd Reeve Jr.</u>		(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.	
Sex of child <u>Male</u>	Twin, triplet, or other? <u>Single</u>	and	Number in order of birth	Legitimate? <u>Yes</u> Date of Birth <u>Jan. 6, 1921</u> (Month) (Day) (Year)
Full Name <u>FATHER</u> <u>J. Lloyd Reeve</u>		Full Maiden Name <u>MOTHER</u> <u>Selma Beuter</u>		
Residence (P. O. Address) <u>P. O. Chelsea</u>	Residence (P. O. Address) <u>P. O. Chelsea</u>			
Color or Race <u>white</u>	Age at Last Birthday <u>21</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday <u>25</u> (Years)	
Birthplace <u>Michigan</u>	Birthplace <u>Michigan</u>			
Occupation (And Industry) <u>Housewife</u>	Occupation (And Industry) <u>Housewife</u>			
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

Given or christian name added from a  
supplemental report. John

(Signature) J. G. Reed

Dated Jan. 10, 1921 (Attending physician, midwife, father, etc.)

Address Chelsea

Filed Jan. 12, 1921 by A. N. Freeman

E. A. Registrar.

## PLACE OF BIRTH

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

FULL NAME  
OF CHILDElsie May Parsons

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

(If birth occurs in a hospital or other institution, give name of same  
instead of street and number)Registered No. 2

Sex of child	<u>Female</u>	Twin, triplet, quartet, or other?	<u>Single</u>	and	Number in order of birth	<u>3</u>
--------------	---------------	-----------------------------------	---------------	-----	--------------------------	----------

Legitimate?	<u>Yes</u>	Date of Birth	<u>Jan.</u>	<u>17</u>	<u>1921</u>
		(Month)		(Day)	(Year)

## Full Name

Daniel A. ParsonsResidence  
(P. O. Address)Chelsea, Mich

## Color or Race

WhiteAge at Last Birthday \_\_\_\_\_  
(Years) 40

## Birthplace

Amherstburg, MichOccupation  
(And Industry)Electrical - General

Full Maiden Name	<u>Amelia Hamelmann</u>	MOTHER
------------------	-------------------------	--------

Residence (P. O. Address)	<u>Chelsea, Mich</u>
------------------------------	----------------------

Color or Race	<u>White</u>	Age at Last Birthday	<u>29</u>
		(Years)	

Birthplace	<u>Custer County, Mich</u>
------------	----------------------------

Occupation (And Industry)	<u>At Home</u>
------------------------------	----------------

Number of child of this mother fourNumber of children, of this mother, now living six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was brown skin at 11:15 P.M.  
on the date above stated.  
(Born alive or stillborn.)

Have eyes of child been treated with

(Signature)

a prophylaxis solution? yesDated 1/1/21

Given or christian name added from a

(Attending physician, midwife, father, etc.)

supplemental report 19Address ChelseaFiled Jan 25 1921 by A. N. FreemanRegistrar E. H. T.

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

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

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH				STATE OF MICHIGAN			
County of <u>Washtenaw</u>				Department of State—Division of Vital Statistics.			
Township of <u>Sykes</u>				RECORD OF BIRTH			
or Village of <u>Chelsea, Mich</u>				Registered No. <u>3</u>			
or City of _____				St. _____ Ward) _____			
FULL NAME OF CHILD <u>Wilhelmina Rosina Schaller</u>				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
Sex of child <u>Female</u>	Twin, triplet, or other? <u>No</u>	and { Number in order of birth <u>5</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb.</u>	<u>3</u>	<u>1921</u>	{ If child is not yet named, make supplemental report, as directed.
Full Name <u>Simon Schaller</u>				MOTHER			
Residence (P. O. Address) <u>Chelsea, Mich</u>				<u>Christina Roth</u>			
Color or Race <u>Whites</u>	Age at Last Birthday <u>35</u> (Years)			Residence (P. O. Address) <u>Chelsea, Mich</u>			
Birthplace <u>Austria-Hungary</u>				Color or Race <u>Whites</u>	Age at Last Birthday <u>30</u> (Years)		
Occupation (And Industry) <u>Laborer - General</u>				Birthplace <u>Austria-Hungary</u>	Occupation (And Industry) <u>At home</u>		
Number of child of this mother <u>Third</u>				Number of children, of this mother, now living <u>Two</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Have eyes of child been treated with

(Signature) Anastas G. Gude M.D.

a prophylaxis solution? Yes

Dated Feb. 3, 1921

(Attending physician, midwife, father, etc.)

Given or christian name added from a

Address 18 Chelsea St.

supplemental report. 10

Filed Feb. 5, 1921

19 W. E. F. P. Registrar.

E. F. P.

## PLACE OF BIRTH

County of Washington

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

or

Village of Chester

or

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

FULL NAME  
OF CHILDElvira M. Lane (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Sex of child <u>Female</u>	Twin, triplet, or other? _____	{ and } Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 5, 1921</u> (Month) (Day) (Year)
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Full Name <u>Elvira M. Lane</u>	FATHER	MOTHER
---------------------------------	--------	--------

Residence (P. O. Address) <u>Chester, Mich.</u>	Full Maiden Name <u>Arva McKey</u>
-------------------------------------------------	------------------------------------

Color or Race <u>White</u>	Age at Last Birthday <u>37</u> (Years)	Color or Race <u>White</u>	Age at Last Birthday <u>24</u> (Years)
----------------------------	----------------------------------------	----------------------------	----------------------------------------

Birthplace <u>Paulding Co., Ohio</u>	Birthplace <u>Michigan</u>
--------------------------------------	----------------------------

Occupation (And Industry) <u>Carpenter</u>	Occupation (And Industry) <u>Housewife</u>
--------------------------------------------	--------------------------------------------

Number of child of this mother 3st Number of children, of this mother, now living three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

Given or christian name added from a  
supplemental report 19 Dated Feb. 5, 1921 Address Chester, Mich. (Attending physician, midwife, father, etc.)  
Filed Feb. 6, 1921 by H. W. Schmidt, Registrar.

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

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

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH  
County of Washtenaw

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

or

Village of Chelesa

or

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

FULL NAME  
OF CHILD James Leonard Heeler

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 5

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

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

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

Sex of child <u>Male</u>	Twin, triplet, or other <u>single</u>	and	Number in order of birth <u>1</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb. 7, 1921</u>
Full Name <u>Charles J. Heeler</u>				MOTHER	
Residence (P. O. Address) <u>Chelesa</u>				Full Maiden Name <u>Mary Ross</u>	
Color or Race <u>White</u>	Age at Last Birthday <u>32</u> (Years)			Residence (P. O. Address) <u>Chelesa</u>	
Birthplace <u>Minn.</u>			Color or Race <u>White</u>		Age at Last Birthday <u>35</u> (Years)
Occupation (And Industry) <u>Day Laborer</u>			Birthplace <u>Michigan</u>		Occupation (And Industry) <u>Housewife</u>
Number of child of this mother <u>2nd</u>				Number of children, of this mother, now living <u>two</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Have eyes of child been treated with?

(Signature) S. G. Bush

a prophylaxis solution? yes

Dated Feb. 18, 1921 Attending physician, midwife, father, etc.?)

Given or christian name added from a

Address Chelesa

supplemental report. 19

Filed Feb. 18, 1921 H. W. Freeman  
E. F. P. Registrar.

## PLACE OF BIRTH

County of Washtenaw

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

or

Village of Cheeca

or

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

FULL NAME  
OF CHILD Charles William AhrensSex of  
child maleTwin,  
triplet,  
or other? Sing.

(No. ....

(If birth occurs in a hospital or other institution, give name of same  
instead of street and number.)Full  
Name Clarence BahnmillerResidence  
(P. O. Address) CheecaColor  
or Race WhiteAge at Last  
Birthday 28  
(Years)Birthplace MichiganOccupation  
(And Industry) Laborer

Number of child of this mother.....

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M.  
on the date above stated.Have eyes of child been treated with  
a prophylaxis solution? Yes(Signature) S. G. BrushDated Feb. 9 1921

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

Address CheecaFiled Feb. 10 1921By N. W. Fossman  
E. F. F. RegisteredGiven or christian name added from a  
supplemental report..... 19N. R.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and  
the number of each in order of birth stated. See instructions on back.

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

MARGIN RESERVED FOR BINDING

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH  
 County of Washtenaw  
 Township of Sykes  
 or  
 Village of Chebea, Mich  
 or  
 City of \_\_\_\_\_  
 FULL NAME OF CHILD Franey Rabrig

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 7

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

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

Sex of child <u>Male</u>	Twin, triplet, or other? <u>No</u>	and	Number in order of birth <u>70</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 15, 1921</u>
FATHER			MOTHER		
Full Name <u>Martin Rabrig</u>			Full Maiden Name <u>Maria Koss</u>		
Residence (P. O. Address) <u>Chebea, Mich</u>			Residence (P. O. Address) <u>Chebea, Mich</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>34</u>	(Years)	Color or Race <u>White</u>	Age at Last Birthday <u>35</u>	(Years)
Birthplace <u>Austria-Hungary</u>			Birthplace <u>Austria-Hungary</u>		
Occupation (And Industry) <u>Laborer-Cable Plant</u>			Occupation (And Industry) <u>At home</u>		
Number of child of this mother <u>Four</u>			Number of children, of this mother, now living <u>Three</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 10:20 P.M. on the date above stated.  
 (Born alive or stillborn.)

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

(Signature) Andros Gads M.D.Dated Feb. 15, 1921 (Attending physician, midwife, father, etc.)

Given or christian name added from a  
 supplemental report 10

Address Chebea, MichFiled 2/25/21 H. W. Green C. E. A. Registrar

## PLACE OF BIRTH

County of Washtenaw  
 Township of Lyon  
 or  
 Village of Chelsea, Mich.

City of

FULL NAME  
OF CHILD

(No.)

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

## RECORD OF BIRTH

Registered No. 8

St. Ward)

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics.

Sex of child <i>Female</i>	Twin, triplet, or other? <i>No</i>	{ and } Number in order of birth <i>3</i>	Legitimate? <i>Yes</i>	Date of Birth <i>Feb 23, 1921</i> (Month) (Day) (Year)
Full Name <i>Louise C. Dreyer</i>		MOTHER		
Residence (P. O. Address) <i>Chelsea, Mich.</i>		<i>Myrtle C. Haefner</i>		
Color or Race <i>White</i>	Age at Last Birthday <i>34</i> (Years)	Color or Race <i>White</i>		Age at Last Birthday <i>32</i> (Years)
Birthplace <i>Washtenaw Co., Mich.</i>	Birthplace <i>Washtenaw Co., Mich.</i>			Occupation (And Industry) <i>At home</i>
Occupation (And Industry) <i>McLanahan</i>				

Number of child of this mother  
*Second*Number of children, of this mother, now living  
*Two*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 8 A.M.  
 on the date above stated.

(Born alive or stillborn.)

Have eyes of child been treated with  
 a prophylaxis solution?

(Signature)

*Andros Gilde M.D.*

Dated *2/26/21*

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

Address

*Chelsea, Mich.*

Given or christian name added from a  
 supplemental report  
19

Filed *2/28/1921*

*New Greenav*  
Registrar.

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

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH			STATE OF MICHIGAN Department of State—Division of Vital Statistics.		
County of <u>Wexford</u>			RECORD OF BIRTH		
Township of _____ or Village of <u>Gibson</u> or City of _____			Registered No. <u>9</u>		
(No. _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)			St. _____ Ward _____		
FULL NAME OF CHILD <u>James Donald Alexander</u>			{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Male</u>	Twin, triplet, or other? <u>No</u>	{ and { Number in order of birth <u>2</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 11</u>	(Month) (Day), (Year) <u>1921</u>
Full Name <u>James J. Alexander</u> FATHER			Full Maiden Name <u>Pearl May Quast</u> MOTHER		
Residence (P. O. Address) <u>Gibson Mich</u>			Residence (P. O. Address) <u>Gibson</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>43</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>38</u> (Years)	
Birthplace <u>Wexford Co.</u>			Birthplace <u>Honolulu</u>		
Occupation (And Industry) <u>dry goods</u>			Occupation (And Industry) <u>at Home</u>		
Number of child of this mother <u>Second</u>			Number of children, of this mother, now living <u>Six</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*					
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>8:05</u> M., on the date above stated.			(Born alive or stillborn.) <u>(Signed) C. T. Fiske</u>		
Have eyes of child been treated with } (Signature) <u>C. T. Fiske</u> a prophylaxis solution? <u>Yes</u> } Dated <u>3/15</u> 19 <u>21</u> (Attending physician, midwife, father, etc.)					
Given or christian name added from a supplemental report <u>May 25 1921</u>			Address <u>Gibson</u> Filed <u>3/15</u> 19 <u>21</u> <u>R. W. Truman</u> Registrar.		

## PLACE OF BIRTH

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

FULL NAME  
OF CHILD Albert Doll Knoll.

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 10(No. 8)

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

Dovey St., \_\_\_\_\_ Ward)

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

Sex of child <u>Male</u>	Twin, triplet, or other? { and }	Number in order of birth { }	Legitimate? <u>Yes</u>	Date of Birth <u>March, 22</u> (Month) <u>1921</u> (Year)
Full Name <u>Geo. Knoll</u> FATHER			MOTHER <u>Vernie W. Hamilton</u>	
Residence (P. O. Address) <u>Chelsea, Mich.</u>	Residence (P. O. Address) <u>Chelsea, Mich.</u>			
Color or Race <u>white</u>	Age at Last Birthday <u>34</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday <u>25</u> (Years)	
Birthplace <u>Sylvan Lop. Mich.</u>	Birthplace <u>Caudling Co. Ohio</u>			
Occupation (And Industry) <u>Labored</u>	Occupation (And Industry) <u>Domestic</u>			

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

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

Given or christian name added from a  
 supplemental report 19

(Signature) H. W. Schmidt.Dated Mar. 23 1921 Physician(Attending physician, midwife, father, etc.)  
 Address Chelsea, Mich.Filed Mar. 24 1921 Gervaisworth

R.W. Registrar.

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH			STATE OF MICHIGAN Department of State—Division of Vital Statistics.		
County of <i>Wexford</i>			RECORD OF BIRTH		
Township of <i>Sylvania</i> or Village of <i>Clayton</i>			Registered No. ....		
City of <i>Clayton</i>	(No. <i>124</i> <i>already</i> )		St. _____ Ward _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
FULL NAME OF CHILD <i>David Hamilton</i>			{ If child is not yet named, make supplemental report, as directed.		
Sex of child <i>Male</i>	Twin, triplet, or other?	{ and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>March 29</i>	(Month) (Day), (Year) <i>1921</i>
Full Name <i>Albert Sylvester Hamilton</i>			MOTHER <i>Beriah Hazel Reed.</i>		
Residence (P. O. Address) <i>Chelsea Mich.</i>			Full Maiden Name	Residence (P. O. Address) <i>Chelsea Mich.</i>	
Color or Race <i>white</i>	Age at Last Birthday <i>30</i> (Years)		Color or Race <i>white</i>	Age at Last Birthday <i>20</i> (Years)	
Birthplace <i>Pawling Co. Ohio</i>			Birthplace <i>Vicksburg Mich.</i>		
Occupation (And Industry) <i>Learnster</i>			Occupation (And Industry) <i>Domestic</i>		
Number of child of this mother <i>Second</i>			Number of children, of this mother, now living <i>Two</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*					
I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>6:30 A.M.</i> , on the date above stated.					
Have eyes of child been treated with a prophylaxis solution? <i>yes</i>			(Signature) <i>H. W. Schmidt</i>		
Given or christian name added from a supplemental report <i>10</i>			Dated <i>March 29 1921</i>	Physician (Attending physician, midwife, father, etc.) <i>Physician</i>	
Address <i>Chelsea Mich.</i>			Filed <i>March 29 1921</i>	Registrar <i>Prov. Law Arch. ASW.</i>	

## PLACE OF BIRTH

County of Washtenaw  
 Township of Lyndon  
 or  
 Village of Chelsea

City of

FULL NAME  
OF CHILD

Sex of child Male Twin, Twin, triplet, or other? and Number in order of birth First

Father

Full Name Frank E. Abdon

Residence (P. O. Address) Chelsea, Mich.

Color or Race white Age at Last Birthday 39 (Years)

Birthplace Greenup, Ky.

Occupation (And Industry) Common Labor

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics

## RECORD OF BIRTH

Registered No. 12

St. Ward)

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

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

Legitimate? Yes Date of Birth April 1, 1921 (Month) (Day) (Year)

MOTHER

Myrtle M. Craft.

Residence (P. O. Address) Chelsea, Mich.

Color or Race white Age at Last Birthday 33 (Years)

Birthplace Greenup, Ky.

Occupation (And Industry) at home

Number of child of this mother Sixth Number of children, of this mother, now living five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated.

Have eyes of child been treated with

a prophylaxis solution? Yes

Given or christian name added from a supplemental report 19

(Signature) Andros Suede M.D.

Dated April 4, 1921 (Attending physician, midwife, father, etc.)

Address Chelsea, Mich.

Filed April 4, 1921 G. W. Walworth.

Registrar.

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

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

## MARGIN RESERVED FOR BINDING

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

## PLACE OF BIRTH

County of WashtenawTownship of Saylors

or

Village of Chelsea

or

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

FULL NAME  
OF CHILD

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

Registered No. 13

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

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

## RECORD OF BIRTH

Sex of child	Male	Twin, <u>Siamese</u> triplet, or other?	and	Number in order of birth	Legiti- mate?	Date of Birth
Full Name	FATHER					MOTHER
Residence (P. O. Address)	<u>Frank C. Abdon</u>					<u>Myrtle M. Craft</u>
Color or Race	white	Age at Last Birthday	39	(Years)	white	33
Birthplace	<u>Greencup, Ky.</u>					<u>Greencup, Ky.</u>
Occupation (And Industry)	<u>Common Labor.</u>					<u>at home</u>

Number of child of this mother Seventh Number of children, of this mother, now living Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 8:18 P.M. (Born alive or stillborn.) on the date above stated.Have eyes of child been treated with  
a prophylaxis solution? yes(Signature) Andrew Gude M.D.Dated April 4 1921 (Attending physician, midwife, father, etc.)Address Chelsea Mich.Filed April 4 1921 Georgetown

Registrar.

Given or christian name added from a supplemental report 19

## PLACE OF BIRTH

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

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 14

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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

FULL NAME OF CHILD Margaret Bernadine Warner

Sex of child <u>Female</u>	Twin, triplet, or other? _____	{ and } Number in order of birth _____	Legiti-mate? <u>yes</u>	Date of Birth <u>May 7, 1921</u> (Monthly) (Day) (Year)
FATHER			MOTHER	
Full Name <u>Henry William Warner</u>			Full Maiden Name <u>Anna M. Marker</u>	
Residence (P. O. Address) <u>Ann Arbor</u>			Residence (P. O. Address) <u>Ann Arbor</u>	
Color or Race <u>white</u>	Age at Last Birthday _____ (Years) <u>33</u>		Color or Race <u>white</u>	Age at Last Birthday _____ (Years) <u>27</u>
Birthplace <u>Ann Arbor, Mich.</u>			Birthplace <u>Norville, Mich.</u>	
Occupation (And Industry) <u>Laborer</u>			Occupation (And Industry) <u>Housewife</u>	

Number of child of this mother ThirdNumber of children, of this mother, now living ThreeCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.<sup>a</sup>

I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated.

(Born alive or stillborn.)

Have eyes of child been treated with

a prophylaxis solution? yesGiven or christian name added from a supplemental report 19(Signature) Geo. W. PalmerDated May 1, 1921

Attending physician, midwife, father, etc.\*

Address Chelsea StreetFiled May 11, 1921 G. W. Malwoode

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 UNPAIDING INK—THIS IS A PERMANENT RECORD.

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH			STATE OF MICHIGAN		
County of <u>Washtenaw</u>			Department of State—Division of Vital Statistics.		
Township of <u>Sylvan</u> or Village of <u>Chelsea</u>			RECORD OF BIRTH		
City of _____			Registered No. <u>15</u>		
FULL NAME OF CHILD			(No. <u>West Middle St.</u> St., _____ Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number)		
Sex of child <u>Male</u>	Twin, triplet, or other? <u>no</u>	{ and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth. <u>May</u> , <u>10</u> , <u>1921</u> (Monthly) (Day) (Year)	{ If child is not yet named, make supplemental report, as directed.
Full Name <u>Carrer Slocum</u> Residence (P. O. Address) <u>Chelsea, Mich.</u> Color or Race <u>white</u> Age at Last Birthday <u>22</u> (Years)			Full Maiden Name <u>Magdalene Schang</u> Residence (P. O. Address) <u>Chelsea, Mich.</u> Color or Race <u>white</u> Age at Last Birthday <u>21</u> (Years)		
Birthplace <u>Muskegon, Mich.</u> Occupation (And Industry) <u>Painter</u>			Birthplace <u>Lima Sp. Wash. Co. Mich.</u> Occupation (And Industry) <u>at Home</u>		
Number of child of this mother.....			Number of children, of this mother, now living <u>two</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 2:10 P.M.  
on the date above stated. (Born alive or stillborn.)

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

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

(Signature) Audros Gilde M.D.  
Dated May 13 1921 (Attending physician, midwife, father, etc.)  
Address Chelsea, Mich.  
Filed May 13 1921 Geo. Walworth  
C.W. Registrar.

## PLACE OF BIRTH

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

FULL NAME  
OF CHILDSex of child MaleTwin, Turn { and } Number one  
triplet,  
or other?Legit-  
mate? yes.Date of Birth May 10, 1921  
(Month) May, (Day) 10, (Year) 1921

Full Name

## FATHER

Albert GalardiResidence  
(P. O. Address)Chelsea, Mich.

Color or Race

whiteAge at Last Birthday 51  
(Years)Full  
Maiden  
Name

## MOTHER

Leanna Coletta

Birthplace

Italy

Birthplace

ItalyOccupation  
(And Industry)Steel ball grinderOccupation  
(And Industry)at homeNumber of child of this mother NinthNumber of children, of this mother, now living NoneCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.<sup>\*</sup>

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M.  
 on the date above stated. (Born alive or stillborn.) E.S.

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

Given or christian name added from a  
 supplemental report 19

(Signature) Andrea Guldé M.D.Dated May 10, 1921 (Attending physician, midwife, father, etc.\*)Address Chelsea, Mich.Filed May 13, 1921 Brookwood

Registrar.

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

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

PLACE OF BIRTH		STATE OF MICHIGAN Department of State—Division of Vital Statistics.		
County of <u>Washtenaw</u>				
Township of <u>Sylvan</u> or Village of <u>Chelsea</u>		(No. <u>North</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
City of _____				
FULL NAME OF CHILD		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Male</u>	Twin, <u>son</u> triplet, or other?	{ and { Number <u>Two</u> in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Mar. 10, 1921</u> (Month) (Day) (Year)
Full Name <u>albert Galardi</u>	FATHER		MOTHER <u>Georgina Coletta</u>	
Residence (P. O. Address) <u>Chelsea, Mich.</u>			Residence (P. O. Address) <u>Chelsea, Mich.</u>	
Color or Race <u>white</u>	Age at Last Birthday..... <u>31</u> (Years)		Color or Race <u>white</u>	Age at Last Birthday..... <u>40</u> (Years)
Birthplace <u>Irlay</u>			Birthplace <u>Irlay</u>	
Occupation (And Industry) <u>Steel ball grinder</u>			Occupation (And Industry) <u>at Home</u>	
Number of child of this mother <u>Seventh</u>		Number of children, of this mother, now living <u>Nine</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*				
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7:08 A.M.</u> on the date above stated. (Born alive or stillborn.) <u>May 3, 1921</u> <u>G.I.</u>				
Have eyes of child been treated with a prophylaxis solution? <u>yes</u>		(Signature) <u>Andrea Gulde</u>		
Given or christian name added from a supplemental report..... <u>19</u>		Dated <u>May 3, 1921</u> Attending physician, midwife, father, etc. Address <u>Chelsea, Mich.</u>		
		Filed <u>May 15, 1921</u> <u>G.W. Walworth</u> R.W. Registrar.		

## PLACE OF BIRTH

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

FULL NAME  
OF CHILD Mattice Jean Benton

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 18

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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

Sex of child <u>Female</u>	Twin, triplet, <u>singe</u> , or other?	{ and } Number in order of birth	Legiti-mate? <u>yes</u>	Date of Birth <u>May 11, 1921</u> (Month) <u>Day</u> <u>Year</u>
Full Name <u>Everett Benton</u>		MOTHER <u>Marian Mc Arthur</u>		
Residence (P. O. Address) <u>Chelsea</u>	Full Maiden Name <u>Chelsea</u>			
Color or Race <u>white</u>	Age at Last Birthday <u>24</u> (Years)	Color or Race <u>white</u>		
Birthplace <u>Michigan</u>	Age at Last Birthday <u>27</u> (Years)			
Occupation (And Industry) <u>Ice Dealer</u>	Birthplace <u>Michigan</u>			
Occupation (And Industry) <u>Housewife</u>				

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE'S

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

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

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

(Signature) S. E. Bush

Dated May 11, 1921 Physician

Attending physician, midwife, father, etc., etc.

Address 1000. Mex. Ave. Mex.

Filed May 17, 1921 Jewellworth  
Rev. \_\_\_\_\_ Registrar.

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

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH		STATE OF MICHIGAN Department of State—Division of Vital Statistics.		
County of	Washtenaw	(No.)	RECORD OF BIRTH	
Township of	Sylvan		Registered No. 19	
or			St.	Ward)
Village of	Chelsea			
or				
City of			(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
FULL NAME OF CHILD	alfred claire Staphish		{ If child is not yet named, make supplemental report, as directed.	
Sex of child	Male	Twin, triplet, no or other?	{ and Number in order of birth	Date of Birth May, 17, 1921 (Month) (Day) (Year)
Full Name	FATHER		MOTHER	
Residence (P. O. Address)	alfred S. Staphish		Ruth G. Stover	
Color or Race	white	Age at Last Birthday (Years)	white	27 (Years)
Birthplace	Lyndon Tp. Wash. Co. Mich		Pennsylvania	
Occupation (And Industry)	Common Laborer		at Home	
Number of child of this mother		Fourth	Number of children, of this mother, now living	
Three.				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 11:49 P.M.,  
on the date above stated.

Have eyes of child been treated with

(Signature) Andras Gulde M.D.

a prophylaxis solution? Yes

Dated May 19, 1921 (Attending physician, midwife, father, etc.)

Given or christian name added from a

Address Chelsea, Mich.

supplemental report. 19

Filed May 21, 1921 Grawalwood

R.W. Registrar.

## PLACE OF BIRTH

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

FULL NAME  
OF CHILD

Sex of child	<u>Male</u>	Twin, triplet, no or other?	<u>no</u>	and	Number in order of birth	Legiti- mate?	Date of Birth			
Father's Name	<b>FATHER</b>					<u>yes</u>	<u>June 21, 1921</u>			
Residence (P. O. Address)	<u>Chelsea Mich.</u>					Month	(Year)			
Color or Race	<u>white</u>	Age at Last Birthday	<u>36</u>	(Years)	Mother's Name	<u>Josephine Maxonovich</u>				
Birthplace	<u>Russian Poland</u>					Residence (P. O. Address)	<u>Chelsea Mich.</u>			
Occupation (And Industry)	<u>Common Laborer</u> <u>Good roads building</u>					Color or Race	<u>white</u>	Age at Last Birthday	<u>27</u>	(Years)

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

Given or christian name added from a  
 supplemental report 19

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 20

(No. 678 West Middle St., \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Full Maiden Name	<b>MOTHER</b>		
Residence (P. O. Address)	<u>Chelsea Mich.</u>		
Color or Race	<u>white</u>	Age at Last Birthday	<u>27</u>
Birthplace	<u>Poland</u>		
Occupation (And Industry)	<u>at Home</u>		

Number of children, of this mother, now living Two

(Signature) Andras Gudee M.D.  
 Dated June 26 1921 Attending physician, midwife, father, etc.  
 Address Chelsea Mich.  
 Filed June 27 1921 Geal C. Walworth  
 R.W. Registrar

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

MARGIN RESERVED FOR BINDING

## MARGIN RESERVED FOR BINDING

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

## PLACE OF BIRTH

County of Washtenaw  
Township of Syloan  
or  
Village of Chelsea Mich.  
or  
City of \_\_\_\_\_

FULL NAME OF CHILD Glady's Adelaide Harrison

Sex of child	Female	Twin, triplet, or other?	no	and	Number in order of birth
--------------	--------	--------------------------	----	-----	--------------------------

(No. 623 Taylor)

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

RECORD OF BIRTH

Registered No. 21

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FATHER	
Full Name	<u>Carl J. Harrison</u>
Residence (P. O. Address)	<u>Chelsea, Mich.</u>
Color or Race	<u>white</u>
Age at Last Birthday	<u>30</u>
(Years)	
Birthplace	<u>Johnstown, Pa.</u>
Occupation (And industry)	<u>Auto-Mechanic-Garage</u>

Legiti-mate?	<u>yes</u>	Date of Birth	<u>June</u>
(Month)		(Day)	<u>23</u>
		(Year)	<u>1921</u>

MOTHER	
Full Maiden Name	<u>Edna R. Shalloway</u>
Residence (P. O. Address)	<u>Chelsea, Mich.</u>
Color or Race	<u>white</u>
Age at Last Birthday	<u>20</u>
(Years)	
Birthplace	<u>Detroit, Mich.</u>
Occupation (And Industry)	<u>at home</u>

Number of child of this mother Second Number of children, of this mother, now living Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 8:15 A.M. (Born alive or stillborn.) E.T. on the date above stated.

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

(Signature) Andras Gulde M.D.

Given or christian name added from a supplemental report June 23, 1921

Dated June 26, 1921 (Attending physician, midwife, father, etc.)Address Chelsea, Mich.Filed June 27, 1921 Georgewalworth

Registrar.

## PLACE OF BIRTH

County of Washtenaw  
 Township of Slyman  
 or  
 Village of Chelsea

City of \_\_\_\_\_  
 FULL NAME  
 OF CHILD Mary Jane Riker

Sex of child <u>Hemak</u>	Twin, triplet, <u>sing</u> , or other?	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>June 24, 1921</u>	St. _____ Ward _____
				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
				{ If child is not yet named, make supplemental report, as directed.		
Full Name <u>Mahue Riker</u>		MOTHER <u>Ethyl Wood</u>				
Residence (P. O. Address) <u>Chelsea</u>		Residence (P. O. Address) <u>Chelsea</u>				
Color or Race <u>white</u>	Age at Last Birthday <u>28</u> (Years)	Color or Race <u>white</u> Age at Last Birthday <u>27</u> (Years)				
Birthplace <u>Michigan</u>		Birthplace <u>Michigan</u>				
Occupation (And Industry) <u>Hairner</u>		Occupation (And Industry) <u>Housewife</u>				

Number of child of this mother.....

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

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

Given or christian name added from a  
 supplemental report 19

(Signature) S. G. Bush M.D.  
 Dated June 21 1921 Attending Physician  
 Address Chelsea Mich Attending physician, midwife, father, etc.  
 Filed June 30 1921 Severvalworth Registrar  
R.W.

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

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

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH		STATE OF MICHIGAN Department of State—Division of Vital Statistics.		
County of <u>Washtenaw</u>				
Township of <u>Sherman</u> or Village of <u>Chelsea</u>				
City of _____		(No.) _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)	St., _____ Ward)	
FULL NAME OF CHILD <u>Philip Price Trause</u>		{ If child is not yet named, make supplemental report, as directed.		
Sex of child <u>Male</u>	Twin, triplet, or other? _____	{ and { Number in order of birth <u>yes</u>	Legitimate? _____	Date of Birth <u>July 12</u> , <u>1921</u> (Month)      (Day)      (Year)
Full Name <u>Gustave Trause</u>		MOTHER <u>Harriet Zierling</u>		
Residence (P. O. Address) <u>Chelsea</u>		Residence (P. O. Address) <u>Chelsea</u>		
Color or Race <u>white</u>	Age at Last Birthday <u>36</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday <u>31</u> (Years)	
Birthplace <u>Indiana</u>		Birthplace <u>Indiana</u>		
Occupation (And Industry) <u>Clergyman</u>		Occupation (And Industry) <u>Hausfrau</u>		
Number of child of this mother <u>Two</u>		Number of children, of this mother, now living <u>Two</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M., on the date above stated.

(Born alive or stillborn.)

Have eyes of child been treated with?

(Signature) J. H. Bush

3 prophylaxis solution? yes

Dated 16-10-21 Physician

Given or christian name added from a

Address Chelsea Mich

supplemental report 19

Filed July 18 1921 Geovalvouch

supplemental report 19

cc.

Registrar,

## PLACE OF BIRTH

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

FULL NAME  
OF CHILDDavid Hoffman Streeter

(No.)

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

## RECORD OF BIRTH

Registered No. 24

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Sex of child	Male	Twin, triplet, <u>single</u> , and or other?	Number in order of birth	Legitimate?	Date of Birth
Full Name				<u>yes</u>	<u>July 25, 1921</u>
Residence (P. O. Address)	<u>Julius Streeter</u>			MOTHER	<u>Elga Hoffman</u>
Color or Race	<u>white</u>	Age at Last Birthday	<u>35</u>	Residence (P. O. Address)	<u>Chelsea</u>
Birthplace	<u>Michigan</u>			Color or Race	<u>white</u>
Occupation (And Industry)	<u>Merchant</u>			Age at Last Birthday	<u>26</u>
Birthplace				Occupation (And Industry)	<u>Housewife</u>

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

Given or christian name added from a  
supplemental report 19

(Signature) S. G. BushDated July 30, 1921 PhysicianAddress Chelsea (Attending physician, midwife, father, etc.\*)Filed Aug. 1, 1921 Gevulabworeh.

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 UNADING INK—THIS IS A PERMANENT RECORD.

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

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

## PLACE OF BIRTH STATE

County of WashingtonTownship of Sylvan

or

Village of Chelsea

or

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

FULL NAME  
OF CHILDDonald Le Roy Schantz

(No.)

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

REGISTERED NO. 25ST. 10 WARD 10

{ 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? <u>yes</u>	Date of Birth <u>Aug.</u>	<u>19</u>	<u>1921</u>
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Full Name	FATHER	MOTHER
<u>Frederick Schantz</u>		<u>Louise Pfeifle</u>

Residence (P. O. Address)	<u>Chelsea</u>	Residence (P. O. Address)	<u>Chelsea</u>
---------------------------	----------------	---------------------------	----------------

Color or Race	<u>white</u>	Age at Last Birthday (Years)	<u>21</u>	Color or Race	<u>white</u>	Age at Last Birthday (Years)	<u>30</u>
---------------	--------------	------------------------------	-----------	---------------	--------------	------------------------------	-----------

Birthplace	<u>Chelsea</u>	Birthplace	<u>Manchester</u>
------------	----------------	------------	-------------------

Occupation (And Industry)	<u>Painter</u>	Occupation (And Industry)	<u>Housewife</u>
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Number of child of this mother..... 2Number of children, of this mother, now living..... 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.  
(Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution? yes(Signature) A. A. PalmerDated Aug. 19 1921 Attending Physician

(Attending physician, midwife, father, etc.)

Address Chelsea, Mich.Given or christian name added from a  
supplemental report..... 19Filed Aug. 23 1921 Survivors

R.W. Registrars.

## PLACE OF BIRTH

County of Livonia  
 Township of Sylvan  
 or  
 Village of Chelsea

(No.)

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

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

FAMILY NAME  
OF CHILD Edwin Hutchins Madden

RECORD OF BIRTH

Registered No. 26

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Ward \_\_\_\_\_

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

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Ward \_\_\_\_\_

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

Ward \_\_\_\_\_

N. B.—In case of more 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 UNPADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form 220-11-18-1000.

## MARGIN RESERVED FOR BINDING

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

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

PLACE OF BIRTH STATE  
 County of Washtenaw  
 Township of Syden  
 or  
 Village of Chelsea  
 or  
 City of \_\_\_\_\_

(No. ....)

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 27

St., \_\_\_\_\_ Ward

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

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

Sex of child	Male	Twin, triplet, or other?	and	Number in order of birth	Legiti-mate?	Date of Birth		
Full Name	<b>FATHER</b>				ye	<u>Sept 21</u> , <u>1921</u>		
Residence (P. O. Address)	<u>James Cook</u>				MOTHER	<u>Mary L. Lindsey</u>		
Color or Race	white	Age at Last Birthday	50	(Years)	Full Maiden Name			
Birthplace	<u>Streator Ill.</u>				Residence (P. O. Address)	<u>Chelsea</u>		
Occupation (And Industry)	<u>Constructing Sup't. Asphalt Paving Co.</u>				Color or Race	white		
Number of child of this mother			4	Age at Last Birthday	32	(Years)		
				Birthplace	<u>Lynn Grove, Ind.</u>			
				Occupation (And Industry)	<u>Housewife</u>			

Number of children, of this mother, now living 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution? yes(Signature) A. A. PalmerGiven or christian name added from a  
supplemental report. 19Dated 19 Attending PhysicianAddress Chelsea (Attending physician, midwife, father, etc.\*)Filed Sept. 24 1921 G. W. Welch

R.W. Registrar.

## PLACE OF BIRTH

County of WashtenawTownship of Sylvanor  
Village of Chelseaor  
City of \_\_\_\_\_FULL NAME  
OF CHILD Lawrence William Omstead(No. \_\_\_\_\_ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St., \_\_\_\_\_ Ward)Recorded No. 28

## RECORD OF BIRTH

St., \_\_\_\_\_ Ward)

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

Sex of child <u>Male</u>	Twin, triplet, or other? <u></u>	and	Number in order of birth <u></u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Sept. 25, 1921</u> (Month) (Day) (Year)
<b>FATHER</b>					
Full Name <u>Lawrence William Omstead</u>	MOTHER				
Residence (P. O. Address) <u>Chelsea</u>	Residence (P. O. Address) <u>Chelsea</u>				
Color or Race <u>white</u>	Age at Last Birthday <u>27</u> (Years)				
Color or Race <u>white</u>	Age at Last Birthday <u>19</u> (Years)				
Birthplace <u>Pottstown, Pa.</u>	Birthplace <u>New Boston</u>				
Occupation (And Industry) <u>Farmer</u>	Occupation (And Industry) <u>Houscwife</u>				

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 11 P.M.,  
on the date above stated.Have eyes of child been treated with  
a prophylaxis solution? yesGiven or christian name added from a  
supplemental report 19(Signature) A. A. PalmerDated Sept. 30, 1921 Attending Physician

(Attending physician, midwife, father, etc.)

Address Chelsea, Mich.Filed Oct. 1, 1921 SevivalwarkRegistrar.  
R.W.

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

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

## MARGIN RESERVED FOR BINDING

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

PLACE OF BIRTH STATE  
 County of Washtenaw  
 Township of Lyon  
 or  
 Village of Chelsea  
 or  
 City of

FULL NAME OF CHILD Leon Benjamin Horton

Sex of child Male Twin, triplet, singe } and Number in order of birth

Full Name FATHER Robert Horton

Residence (P. O. Address) Chelsea

Color or Race white Age at Last Birthday 27 (Years)

Birthplace Michigan

Occupation (And Industry) Foreman (Municipal Supply Co.)

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 2 P.M., on the date above stated.

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

Given or christian name added from a supplemental report 19

(Signature) S. G. Bush

Dated Sept. 28 1921 Attending Physician

(Attending physician, midwife, father, etc.) Address Chelsea

Filed Oct. 3 1921 Given name Rev. G. W. Loveworth

Registrar.

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 29

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

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

Legiti- Date of  
mate? yes Birth Sept. 28, 1921  
(Month) (Day) (Year)

Full Maiden Name Vera Lasham

Residence (P. O. Address) Chelsea

Color or Race white Age at Last Birthday 26 (Years)

Birthplace Michigan

Occupation (And Industry) Housewife

## PLACE OF BIRTH STATE

C County of Washtenaw  
 T Township of Sykes  
 V or Village of Chelsea  
 C or  
 F City of \_\_\_\_\_  
 O FULL NAME OF CHILD Dorothy Emma Faust.

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 30

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

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

Sex of child <u>Female</u>	Twin, triplet, or other? { and { Number in order of birth	Legiti-mate? <u>yes</u>	Date of Birth <u>Oct. 2, 1921</u> <small>(Month) (Day) (Year)</small>
Full Name <b>FATHER</b> <u>Clyde H. Faust</u>		Full Maiden Name <b>MOTHER</b> <u>Irene A. Simmons</u>	
Residence (P. O. Address) <u>P. O. Chelsea</u>	Color or Race <u>white</u>	Residence (P. O. Address) <u>Chelsea</u>	Color or Race <u>white</u>
Age at Last Birthday <u>21</u> (Years)	Age at Last Birthday <u>17</u> (Years)	Birthplace <u>Benzie Co. Michigan</u>	
Occupation (And Industry) <u>Laborer</u>	Occupation (And Industry) <u>Domestic</u>		

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Have eyes of child been treated with

(Signature) H. W. Schmidta prophylaxis solution? yesDated 19 Attending Physician  
 (Attending physician, midwife, father, etc.)Given or christian name added from a  
 supplemental report 19Address Chelsea, Mich  
 Filed Oct. 3 1921 by G. W. Schmidt  
 R. W. 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.

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

## PLACE OF BIRTH

County of WashtenawTownship of Sylvanor Village of Chelesa

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

FULL NAME  
OF CHILDVirginia Marie Hunnemel

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 31

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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.

Sex of child	Female	Twin, triplet, or other?	and	Number in order of birth	Legiti-mate?	Date of Birth
Full Name	FATHER		John Hunnemel		yes	Oct. 13, 1921
Residence (P. O. Address)	Age at Last Birthday		Chelsea	29	(Years)	
Color or Race	white					
Birthplace	Age at Last Birthday		Chelsea, Mich.	28	(Years)	
Occupation (And Industry)	Birthplace		Labarer	Jackson, Mich.		
Occupation (And Industry)				Housewife		

Number of child of this mother.....

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 A.M. (Born alive or stillborn.) on the date above stated.

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

(Signature) A. A. PalmerDated 19 Attending Physician

(Attending physician, midwife, father, etc.)

Address Chelsea, Mich.Filed Oct 14 1921 Rev. Seewalworth

Registrar.

Given or christian name added from a  
supplemental report 19

## PLACE OF BIRTH STATE

County of WashtenawTownship of Sylvanor Village of Chelsea

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

FULL NAME  
OF CHILD Opal Virginia CombsSex of child Female Twin, triplet, no { and } Number in order of birthFull Name **FATHER**

wallace m. combs

Residence (P. O. Address) Chelsea, Mich.Color or Race white Age at Last Birthday 42 (Years)Birthplace Mercer Co. Pa.Occupation (And Industry) Common LaborerNumber of child of this mother 6thNumber of children, of this mother, now living Five

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 32(No. Buchanan St., Ward)

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

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

Legiti-  
mate? yes Date of Birth Oct. 16, 1921  
(Month) (Day) (Year)Full Maiden Name **MOTHER** Mary S. GoodlinResidence (P. O. Address) Chelsea, Mich.Color or Race white Age at Last Birthday 27 (Years)Birthplace New Paris, OhioOccupation (And Industry) at Home

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

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

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

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

PLACE OF BIRTH STATE  
 County of Washtenaw  
 Township of Sylvan  
 or  
 Village of Chelsea  
 or  
 City of \_\_\_\_\_

FULL NAME OF CHILD Robert Edgar DeLong

(No.)

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 33

St., \_\_\_\_\_ Ward)

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

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

Sex of child	Twin, triplet, or other?	and	Number in order of birth	Legiti-mate?	Date of Birth	(Month)	(Day)	(Year)
Male					Nov.	13	1921	
Full Name		FATHER			MOTHER			
John Irving DeLong					Gertrude Smith			
Residence (P. O. Address)	Chelsea				Residence (P. O. Address)	Chelsea		
Color or Race	white		Age at Last Birthday	28	Color or Race	white	Age at Last Birthday	24
			(Years)				(Years)	
Birthplace	Michigan				Birthplace	Michigan		
Occupation (And Industry)	Instructor				Occupation (And Industry)	Housewife		

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

(Signature) S. G. BushDated Nov. 14, 1921 Attending Physician

(Attending physician, midwife, father, etc.)

Address Chelsea, Mich.Filed Nov. 15, 1921Lew WalworthRegistrar  
R.W.

Given or christian name added from a  
 supplemental report. 19

## PLACE OF BIRTH

County of WashtenawTownship of Sylvanor  
Village of Chelseaor  
City of \_\_\_\_\_FULL NAME  
OF CHILD Mary Jones.

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

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

Registered No. 34

## RECORD OF BIRTH

Sex of child <u>Female</u>	Twin, triplet, or other? { and { Number in order of birth	Legitimate? {	Date of Birth. <u>Nov. 9, 1921</u> (Month) (Day) (Year)
----------------------------	-----------------------------------------------------------	---------------	------------------------------------------------------------

Full Name <u>Raymond L. Jones</u>	FATHER	Full Maiden Name <u>Zo. May Cushman</u>	MOTHER
-----------------------------------	--------	-----------------------------------------	--------

Residence (P. O. Address) <u>Chelsea. Mich.</u>	Color or Race <u>white</u>	Age at Last Birthday <u>31</u> (Years)	Age at Last Birthday <u>24</u> (Years)
-------------------------------------------------	----------------------------	-------------------------------------------	-------------------------------------------

Birthplace <u>Valparaiso</u>	Occupation (And Industry) <u>Painter</u>	Birthplace <u>Sylvan. Mich.</u>
------------------------------	------------------------------------------	---------------------------------

Number of child of this mother <u>3rd</u>	Number of children, of this mother, now living <u>Two</u>
-------------------------------------------	-----------------------------------------------------------

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Have eyes of child been treated with  
a prophylaxis solution? yes { (Signature) Geo. W. Palmer  
Address Chelsea. Mich. Attending physician, midwife, father, etc.\*\*

Given or christian name added from a  
supplemental report 19 Filed Nov. 16 1921 Geo. W. Palmer  
Registrar. RW

N. B.—In case of more 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 UNFEADING INK—THIS IS A PERMANENT RECORD.

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

## PLACE OF BIRTH

County of Washtenaw

Township of Sylvan

or  
Village of Chelsea

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

FULL NAME  
OF CHILD Adolph Franz Zall

Sex of child Male Twin, triplet, or other? no

and Number in order of birth

(No. 138 Month March

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

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 35

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Full Name FATHER

Michael Zall

Residence (P. O. Address) Chelsea, Mich.

Color or Race White

Age at Last Birthday 35 (Years)

Birthplace Austria Hungary

Occupation (And Industry) Laborer Cement Plant

Legiti-  
mate? yes

Date of Birth Nov. 12 (Month) 1921 (Day) (Year)

Full  
Maiden  
Name

MARY SHATZ

Residence (P. O. Address) Chelsea, Mich.

Color or Race white

Age at Last Birthday 38 (Years)

Birthplace Austria Hungary

Occupation (And Industry) at home

Number of child of this mother Fourth

Number of children, of this mother, now living Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

Given or christian name added from a  
supplemental report 19

(Signature) Andras Gude

Dated Nov. 15 1921 Attending Physician  
(Attending physician, midwife, father, etc.)

Address Chelsea Mich

Filed Nov. 16 1921 Gevaertouch  
Rue Registrar.

## PLACE OF BIRTH

County of Washtenaw  
 Township of Sylvan  
 or  
 Village of Chelsea

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 36

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

City of .....  
 FULL NAME OF CHILD Esther Mary DePew.  
 Sex of child Female Twin, triplet, or other?  and Number in order of birth  If child is not yet named, make supplemental report, as directed.

Sex of child <u>Female</u>	Twin, triplet, or other?	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>March, 15, 1897</u>
Full Name <u>Chas. DePew</u>				(Month) <u>March</u>	(Day) <u>15</u>
Residence (P. O. Address) <u>Chelsea Mich.</u>				(Year) <u>1897</u>	
Color or Race	Age at Last Birthday	(Years)		MOTHER	
				<u>Lillian Armstrong</u>	
Birthplace				Residence (P. O. Address) <u>Chelsea Mich.</u>	
Occupation (And Industry)			Color or Race <u>white</u>		Age at Last Birthday (Years)
				Birthplace	
				Occupation (And Industry)	

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

(Born alive or stillborn.)

Have eyes of child been treated with  
a prophylaxis solution?

(Signature) Geo. W. Palmer

Dated 19 Attending Physician

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

Address Chelsea Mich.

Given or christian name added from a supplemental report 19

Filed Nov. 26 1941 Geewahwah  
RW.

Registrar.

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

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

## PLACE OF BIRTH STATE

County of WashtenawTownship of Sylvanor Village of Chelesa

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

FAMILY NAME OF CHILD Harlan Armstrong Dr. Rev.

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

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

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

## RECORD OF BIRTH

Registered No. 37

Sex of child <b>Male</b>	Twin, triplet, or other? _____	and	Number in order of birth _____	Legiti- mate? <b>yes</b>	Date of Birth <b>Sept. 21, 1891</b> (Month)      (Day)      (Year)
Full Name <b>Chas. Dr. Rev.</b>			MOTHER <b>Lillian Armstrong</b>		
Residence (P. O. Address) <b>Chelsea, Mich.</b>			Residence (P. O. Address) <b>Chelsea, Mich.</b>		
Color or Race <b>White</b>	Age at Last Birthday _____ (Years) _____	Color or Race <b>white</b>			Age at Last Birthday _____ (Years) _____
Birthplace			Birthplace		
Occupation (And Industry)			Occupation (And Industry)		

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at M.  
on the date above stated.  
(Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution?(Signature) Geo. W. PalmerDated 19 Attending Physician

(Attending physician, midwife, father, etc.)

Address \_\_\_\_\_

Filed Nov. 26 1921 G.W. WalworthRegistrar  
R.W.

## PLACE OF BIRTH

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

FULL NAME  
OF CHILD

Sex of child <u>Female</u>	Twin, triplet, or other? <u>no</u>	and	Number in order of birth
----------------------------	------------------------------------	-----	--------------------------

Full Name	<b>FATHER</b>		
<u>J. Vincent Berg</u>			

Residence (P. O. Address)	<u>Chelsea, Mich.</u>		
---------------------------	-----------------------	--	--

Color or Race <u>white</u>	Age at Last Birthday <u>31</u>	(Years)
----------------------------	--------------------------------	---------

Birthplace <u>East Liverpool, Ohio</u>
----------------------------------------

Occupation (And Industry) <u>Pharmacist</u>
---------------------------------------------

Number of child of this mother <u>fifth</u>
---------------------------------------------

Number of children, of this mother, now living <u>five</u>
------------------------------------------------------------

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 38

St. \_\_\_\_\_ Ward \_\_\_\_\_

(No. 326 Garfield

(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.

Legitimate? <u>yes</u>	Date of Birth <u>Dec. 2, 1921</u>
	(Month) (Day) (Year)

Full Maiden Name <u>Mary A. Spernagle</u>	<b>MOTHER</b>		
-------------------------------------------	---------------	--	--

Residence (P. O. Address) <u>Chelsea, Mich.</u>			
-------------------------------------------------	--	--	--

Color or Race <u>white</u>	Age at Last Birthday <u>31</u>	(Years)
----------------------------	--------------------------------	---------

Birthplace <u>Chelsea, Mich.</u>
----------------------------------

Occupation (And Industry) <u>at Home</u>
------------------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*
-------------------------------------------------

I hereby certify that I attended the birth of this child, who was born alive at 10:16 M.  
 on the date above stated. (Born alive or stillborn.) C.T.

Have eyes of child been treated with a prophylaxis solution? <u>yes</u>	(Signature) <u>Andras Guelde</u>
-------------------------------------------------------------------------	----------------------------------

Given or christian name added from a supplemental report <u>19</u>	Dated <u>Dec. 6 1921</u> Attending Physician <u>Andras Guelde</u>
--------------------------------------------------------------------	-------------------------------------------------------------------

Address <u>Chelsea, Mich.</u>	Attending physician, midwife, father, etc.* <u>Garfieldworth</u>
-------------------------------	---------------------------------------------------------------------

Filed <u>Dec. 7 1921</u>	Registrar <u>R.W.</u>
--------------------------	-----------------------

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

MARGIN RESERVED FOR BINDING

This return should preferably be made by the person who made the original

PLACE OF BIRTH

County of Washtenaw  
Township of Sylvan  
or  
Village of Chelsea  
or

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

FULL NAME  
OF CHILD

(Given or Christian name, in full.)

(No. 37)

STATE OF MICHIGAN  
Department of Health

Supplemental Report of Given Name of Child

Registered No.\* 39

St., \_\_\_\_\_ Ward)

Sex of  
Child\*

Male

Twin,  
triplet,  
or other?

} and

} Number  
in order  
of birth

Date of  
Birth\*

December, 7, 1921

(Month)

(Day)

(Year)

Full  
Name

FATHER

Clarence Raffrey

Full  
Maiden  
Name

MOTHER

Catherine Elizabeth Raffrey

I hereby certify that the child described herein has been named as stated above.

(Signature) A. C. Palmer

(Physician, midwife, father, etc.)

\*These items to be  
entered by the Reg-  
istrar before giving  
out this form.

## MARGIN RESERVED FOR BINDING

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

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

PLACE OF BIRTH  
 County of Washtenaw  
 Township of Sykes  
 or  
 Village of Chelsea  
 or  
 City of \_\_\_\_\_

FULL NAME  
 OF CHILD Clarence Aloysius Raffrey Jr.

Sex of child	Male	Twin, triplet, or other?	and	Number in order of birth	ye
--------------	------	--------------------------	-----	--------------------------	----

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

RECORD OF BIRTH  
 Registered No. 39

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Full Name	FATHER		Full Maiden Name	MOTHER	
<u>Clarence Raffrey</u>			<u>Catherine Elizabeth Raffrey</u>		
Residence (P. O. Address)	<u>Chelsea, Mich.</u>		Residence (P. O. Address)	<u>Chelsea, Mich</u>	
Color or Race	white	Age at Last Birthday (Years)	Color or Race	white	Age at Last Birthday (Years)
Birthplace	<u>Chelsea, Mich.</u>		Birthplace	<u>Jackson, Mich.</u>	
Occupation (And Industry)	<u>Mechanical Engineer</u>		Occupation (And Industry)	<u>Housewife</u>	

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:35 P.M. on the date above stated. (Born alive or stillborn.)

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

Given or christian name added from a  
 supplemental report. 19

(Signature) A. A. Palmer  
 Dated Dec. 7 1921 Attending Physician  
 (Attending physician, midwife, father, etc.)  
 Address Chelsea, Mich.  
 Filed Dec. 9 1921 Surveillance  
 R.W. Registrar.

## PLACE OF BIRTH

County of WashtenawTownship of Sydenhamor Village of Chelsea

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

FULL NAME  
OF CHILDSex of child Female Twin, triplet, or other?      and Number in order of birth     Full Name FATHER  
Raymond E. RyeResidence (P. O. Address) Chelsea, Mich.Color or Race white Age at Last Birthday 26 (Years)Birthplace Saline, Mich.Occupation (And Industry) MillwrightSTATE OF MICHIGAN  
Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 40(No. 430 McKinley St., \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Legiti-  
mate? yes Date of Birth Dec. 18, 1921  
(Month) (Day) (Year)Full Maiden Name MOTHER  
Helen J. SchwabResidence (P. O. Address) Chelsea, Mich.Color or Race white Age at Last Birthday 22 (Years)Birthplace Manchester, Mich.Occupation (And Industry) at Home.Number of child of this mother Second Number of children, of this mother, now living two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was Born alive at 8:15 P.M.  
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution? yes(Signature) Andreas GuldeDated Dec. 19, 1921 Attending Physician Andreas Gulde

(Attending physician, midwife, father, etc.)

Address Chelsea, Mich.Filed Dec. 19, 1921 Geor. Walworth  
Registr. R.W.

N. B.—In case of more 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 UNADING INK—THIS IS A PERMANENT RECORD.

## MARGIN RESERVED FOR BINDING

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

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

## PLACE OF BIRTH

County of WashtenawTownship of Sybra

or

Village of Chelsea

or

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

FULL NAME

OF CHILD

Victor Gregory Hindelang

(No.)

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

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## RECORD OF BIRTH

Registered No. 41

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

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

Sex of child <u>male</u>	Twin, triplet, or other? <u></u>	and	Number in order of birth <u></u>	Legiti-mate? <u>yes</u>	Date of Birth <u>Dec. 19, 1921</u>
Full Name <b>FATHER</b>	<u>Alphonseus Hindelang</u>			Full Maiden Name <b>MOTHER</b>	<u>Agnes Farrell</u>
Residence (P. O. Address)	<u>Chelsea</u>			Residence (P. O. Address)	<u>Chelsea</u>
Color or Race <u>white</u>		Age at Last Birthday <u>41</u>	(Years)	Color or Race <u>white</u>	Age at Last Birthday <u>42</u>
Birthplace <u>Michigan</u>				Birthplace <u>Michigan</u>	
Occupation (And Industry) <u>Hardware Merchant</u>				Occupation (And Industry) <u>Housewife</u>	

Number of child of this mother 5Number of children, of this mother, now living 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Have eyes of child been treated with

a prophylaxis solution? yesGiven or christian name added from a supplemental report 19(Signature) J. G. BushDated Dec. 23 1921Address ChelseaFiled Dec. 24 1921Attending Physician Hypocrite

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

Address NewhalvorichFile No. Re 1

Registrar.

## PLACE OF BIRTH STATE

County of Washington  
 Township of Lima  
 or  
 Village of Chelsea  
 or  
 City of \_\_\_\_\_

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 41  
 St., \_\_\_\_\_ Ward)

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

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

Sex of child <u>male</u>	Twin, triplet, or other? _____	{ and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 22, 1922</u> (Month) (Day) (Year)
Full Name <u>Daniel A. Parsons</u>		MOTHER <u>Amelia Hanelman</u>		
Residence (P. O. Address) <u>Chelsea, Mich.</u>	Residence (P. O. Address) <u>Chelsea, Mich.</u>			
Color or Race <u>white</u>	Age at Last Birthday ..... <u>41</u> (Years)	Color or Race <u>white</u>	Age at Last Birthday ..... <u>30</u> (Years)	
Birthplace <u>Burbster Twp.</u>	Birthplace <u>Eaton County</u>			
Occupation (And Industry) <u>Permen &amp; Electrician</u>	Occupation (And Industry) <u>Housewife</u>			

Number of child of this mother 4 Number of children, of this mother, now living 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Have eyes of child been treated with  
 a prophylaxis solution?

(Signature) A. A. Palmer, M.D.

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

Dated Jan. 22, 1922 Attending Physician

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

Address Chelsea Mich.

Filed Jan. 24, 1922 General Hospital

Registrar.  
R.W.

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

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

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

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

## PLACE OF BIRTH STATE

County of WashtenawTownship of Sylvanor Village of Chelsea, Mich

or

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

FULL NAME

OF CHILD Theodore Ralph Combe

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 23

St,

Ward)

(No. 221 North St.

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

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

Sex of child	Twin, triplet, or other?	Number in order of birth	Legiti-mate? yes	Date of Birth
male	no			Feb. 3, 1922
FATHER				MOTHER
Full Name	Coral J. Combe			Asta M. Ruby
Residence (P. O. Address)	Chelsea, Mich.			Residence (P. O. Address) Chelsea, Mich.
Color or Race	white	Age at Last Birthday 28 (Years)		Color or Race white Age at Last Birthday 23 (Years)
Birthplace	Connant, Ohio			Birthplace Hollandburg, Ohio
Occupation (And Industry)	Machinist			Occupation (And Industry) at Home

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 8:40 P.M. on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution? yes(Signature) Andreas GulleDated Feb. 6 1922 attending Physician

(Attending physician, midwife, father, etc.)

Address Chelsea MichFiled Feb. 7 1922 LewellenworthRegistrar.  
R.W.Given or christian name added from a  
supplemental report 19

## PLACE OF BIRTH

County of

Washtenaw

Township of

Sylvan

or

Village of

Chelsea

or

City of

FULL NAME  
OF CHILD

Robert Raymond Staphish

(No. 513) So. Main

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## RECORD OF BIRTH

Registered No.

34

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

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

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

Male

Twin,  
triplet,  
or other?and } Number  
of birthLegiti-  
mate? yesDate of  
BirthFeb. 4, 1922  
(Month) (Day) (Year)Full  
Name

## FATHER

Raymond R. Staphish

Residence

(P. O. Address)

Chelsea, Mich.

Color  
or Race

white

Age at Last  
Birthday 32  
(Years)

Birthplace

Sister Lop. Michigan

Occupation  
(And Industry)

Concrete Road Bldg.

## MOTHER

Full  
Maiden  
Name

Audrey M. Wattenburger

Residence

(P. O. Address)

Chelsea, Mich.

Color  
or Race

white

Age at Last  
Birthday 30  
(Years)

Birthplace

Echo, Oregon

Occupation  
(And Industry)

at Home

Number of child of this mother

Second

Number of children, of this mother, now living

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Born alive at 11:45 A.M.  
(Born alive or stillborn.)

Have eyes of child been treated with

a prophylaxis solution? Yes

Given or christian name added from a  
supplemental report 19

(Signature) Andrus Gruede

Dated Feb. 6 1922 Attending Physician

Attending physician, midwife, father, etc.\*

Address Chelsea, Mich.

Filed Feb. 7 1922 Geowalworth

Registrar

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

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

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

## PLACE OF BIRTH STATE

County of Washtenaw

Township of Lyman

or Village of Chelsea

or City of

FULL NAME OF CHILD Jean Alta Johnston

Sex of child Female

Twin,  
triplet,  
or other?

{ and }

Number  
in order  
of birthLegiti-  
mate? Yes

Date of Birth

St., Ward  
Feb. 22, 1922  
(Month) (Day) (Year)

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

## RECORD OF BIRTH

Registered No. 4

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

FATHER	
<i>Leo Theodore Johnston</i>	
Residence (P. O. Address)	Chelsea, Mich.
Color or Race	white
Age at Last Birthday (Years)	25
Birthplace	Honey Creek
Occupation (And Industry)	Clerk

MOTHER	
<i>Alma Mae Paddock</i>	
Residence (P. O. Address)	Chelsea, Mich.
Color or Race	white
Age at Last Birthday (Years)	19
Birthplace	Melford, Mich.
Occupation (And Industry)	Housewife

Number of child of this mother One

Number of children, of this mother, now living One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 7 P.M., on the date above stated.

(Born alive or stillborn.)

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

Dated Feb. 23 1922 Attending Physician

(Attending physician, midwife, father, etc.)

Address Chelsea, Mich.

Given or christian name added from a  
supplemental report 13Filed Feb. 24 1922 *G.W. Walworth*

Registrar.

Rev.

## PLACE OF BIRTH

County of WashtenawTownship of Sylvan

or

Village of Chelsea

or

City of

FULL NAME OF CHILD Venin Nennetta SpoonerSex of child Female Twin, triplet, or other? no and Number in order of birthLegiti-  
mate? yes Date of Birth Mar., 2, 1922  
(Month) (Day) (Year)Full Name FATHERThomas W. SpoonerResidence (P. O. Address) Chelsea, Mich.

MOTHER

Color or Race white Age at Last Birthday 47 (Years)Full Maiden Name Anna M. SteeleResidence (P. O. Address) Chelsea, Mich.Birthplace Leonidas, Mich.Color or Race white Age at Last Birthday 41 (Years)Occupation (And Industry) Milling Machine OperatorBirthplace Canton, Ky.Number of child of this mother Third Number of children, of this mother, now living Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 P.M. (Born alive or stillborn.) on the date above stated.Have eyes of child been treated with  
a prophylaxis solution? yes(Signature) Andros GuldeDated Mar. 3 1922 Attending Physician  
(Attending physician, midwife, father, etc.)Given or christen name added from a  
supplemental report 19Address Chelsea, Mich.Filed Mar. 4 1922 Survivalonk  
Rue Registrar.

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

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

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

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

PLACE OF BIRTH STATE  
 County of Washtenaw  
 Township of Sykesland  
 or  
 Village of Chelsea

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

FULL NAME OF CHILD Lois Margaret Beatty

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

Recorded No. 6

## RECORD OF BIRTH

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

Sex of child	Twin, triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth	Month	Day	Year
Female								
Father								
Full Name								
H. H. Beatty								
Residence (P. O. Address)								
Chelsea								
Color or Race	white		Age at Last Birthday	22				
			(Years)					
Birthplace								
Pennsylvania								
Occupation (And Industry)								
Chiropractor								

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

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

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

(Born alive or stillborn.)

Have eyes of child been treated with

(Signature) S. G. Bush

a prophylaxis solution? yes

Dated Mar. 23 1922 attending

Given or christian name added from a

Address Chelsea Mich (Attending physician, midwife, father, etc.)

supplemental report 19

Filed Mar. 28 1922 Selevaticovitch

Ru Registrar.

## PLACE OF BIRTH

County of Washtenaw

Township of Sloan

or  
Village of Chelsea

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

FULL NAME  
OF CHILD Ivelma Josephine Wolff

(No. .... St. .... Ward)

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

Registered No. 7

## RECORD OF BIRTH

Sex of child Female Twin, triplet, or other? { and { Number in order of birth

Legiti-  
mate? no

Date of Birth May 7, 1922  
(Month) (Day) (Year)

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

Full Name **FATHER**

Frank A. Wolff

Residence (P. O. Address) Chelsea

Color or Race white Age at Last Birthday 27  
(Years)

Birthplace Cloverdale, Ohio

Occupation (And Industry) Laborer

Full Maiden Name **MOTHER**

Elvie Nelson

Residence (P. O. Address) Chelsea

Color or Race white Age at Last Birthday 23  
(Years)

Birthplace Fine Lake, Mich.

Occupation (And Industry) Housewife

Number of child of this mother 3rd Number of children, of this mother, now living three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M.  
on the date above stated.

(Born alive or stillborn.)

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

(Signature) Ges. W. Palmer

Given or christian name added from a  
supplemental report 19

Dated May 5, 1922 Attending Physician

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

Address Chelsea

Filed May 8, 1922 Georgerwooth

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.

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

## PLACE OF BIRTH STATE

County of Washington

Township of Sylsaw

or

Village of Chelsea

or

City of

FULL NAME OF CHILD Dorothy Irene Oesterle

(No.)

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

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 8

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Sex of child	Female	Twin, triplet, or other?	and	Number in order of birth	Legitimate? Yes	Date of Birth	May 27, 1922
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Full Name	FATHER	MOTHER
Frederick C. Oesterle		Heresa Grutner

Residence (P. O. Address)	Chelsea, Mich.	Residence (P. O. Address)	Chelsea, Mich.
---------------------------	----------------	---------------------------	----------------

Color or Race	white	Age at Last Birthday	36 (Years)	Color or Race	white	Age at Last Birthday	33 (Years)
---------------	-------	----------------------	------------	---------------	-------	----------------------	------------

Birthplace	Chelsea, Mich.	Birthplace	Jackson, Mich.
------------	----------------	------------	----------------

Occupation (And Industry)	Trimmer	Occupation (And Industry)	Housewife
---------------------------	---------	---------------------------	-----------

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 70. M., on the date above stated.

(Born alive or stillborn.)

Have eyes of child been treated with

(Signature) Geo. W. Palmer

a prophylaxis solution? yes

Dated May 27, 1922 attending Physician

Given or christian name added from a

(Attending physician, midwife, father, etc.)  
Address Chelsea, Mich.

supplemental report 19

Filed May 31, 1922 Gervalworth  
R. W. Registrar.

## PLACE OF BIRTH STATE

County of Washington

Township of Lyon

or

Village of Chelsea

(No.)

City of

or

City of

FULL NAME  
OF CHILD

Sex of child Male

Twin,  
triplet,  
or other?

{ and }

{ Number  
in order  
of birth }Legiti-  
mate? yesDate of  
BirthJune 2, 1922  
(Month) (Day) (Year){ If child is not yet named, make  
supplemental report, as directed. }

Full Name

## FATHER

Reph Lewis Collings

Residence  
(P. O. Address)

Chelsea, Mich.

Color or Race

white

Age at Last  
Birthday 37  
(Years)

Birthplace

Lyndon Twp. Mich.

Occupation  
(And Industry)

Laborer

Full  
Maiden  
Name

## MOTHER

Jennie Alice Crogs

Residence  
(P. O. Address)

Chelsea, Mich

Color or Race

white

Age at Last  
Birthday 24  
(Years)

Birthplace

Lemont, Pennsylvania

Occupation  
(And Industry)

Housewife

Number of child of this mother

Number of children, of this mother, now living

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated.

Have eyes of child been treated with  
a prophylaxis solution? yesGiven or christian name added from a  
supplemental report 19

(Signature) G. W. Palmer

Dated June 6 1922 Attending Physician

(Attending physician, midwife, father, etc.)

Address Chelsea, Mich.

Filed June 6 1922 G. W. Palmer

Rec. Registrar

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

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

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

## PLACE OF BIRTH STATE

County of CroftonawTownship of Sylvanor  
Village of Chelseaor  
City of \_\_\_\_\_FULL NAME OF CHILD Betty MarieSex of child FemaleTwin,  
triplet,  
or other? NoNumber  
in order  
of birth  
\_\_\_\_\_Legiti-  
mate? YesDate of Birth June 13, 1922  
(Month) (Day) (Year){ If child is not yet named, make  
supplemental report, as directed.

## RECORD OF BIRTH

Registered No. 10

St., \_\_\_\_\_ Ward \_\_\_\_\_

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

Full Name George M. SeitzResidence (P. O. Address) Chelsea, Mich.Color or Race white Age at Last Birthday 37  
(Years)Birthplace Lima Isp. Wash. Co. Mich.Occupation (And Industry) Proprietor Soft Drink ParlorNumber of child of this mother Third Number of children, of this mother, now living three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Have eyes of child been treated with  
a prophylaxis solution? yesGiven or christian name added from a  
supplemental report June 19

(Signature) Andrea Gulde  
 Dated June 13 1922 attending physician  
 Address Chelsea, Mich. (Attending physician, midwife, father, etc.)  
 Filed June 14 1922 G.W. Walworth  
R.W. Registrar.

## PLACE OF BIRTH STATE

County of Washtenaw

Township of Sylvan

Village of Chelsea

or  
City ofFULL NAME  
OF CHILD

Sex of child

Twin,  
triplet,  
or other?

no

{ and }

Number  
in order  
of birthLegiti-  
mate?

yes

Date of  
BirthJasne, 1922  
(Month) (Day) (Year)STATE OF MICHIGAN  
Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 11

(No. 226 South St.)

St., Ward)

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

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

Father	Full Name George C. Haefner			Mother	Full Maiden Name Catherine Arrowsmith		
Residence (P. O. Address)	Chelsea Mich.			Residence (P. O. Address)	Chelsea, Mich.		
Color or Race	white	Age at Last Birthday	35 (Years)	Color or Race	white	Age at Last Birthday	20 (Years)
Birthplace	Sylvan Twp. Mich.			Birthplace	Detroit. Mich.		
Occupation (And Industry)	Screw Machine Operator			Occupation (And Industry)	at home		

Number of child of this mother First

Number of children, of this mother, now living one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.  
on the date above stated.

(Born alive, or stillborn.) E. T.

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

(Signature) Dr. Andros Gulde

Dated June 14 1922 attending Physician

(Attending physician, midwife, father, etc.)

Given or christian name added from a  
supplemental report 19

Address Chelsea, Mich.

Filed June 18 1922

G. W. Alworth  
Registrar.

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

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

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

**PLACE OF BIRTH**

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

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

**FULL NAME OF CHILD.** Paul William Schneider

**STATE OF MICHIGAN**  
 Department of State—Division of Vital Statistics.

**RECORD OF BIRTH**Registered No. 12

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

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

Sex of child	Twin, triplet, or other?	and	Number in order of birth	Legiti-mate?	Date of Birth	
Male					July, 8, 1922	
Full Name	FATHER				MOTHER	
<u>Oscar D. Schneider</u>				<u>Mary Lambrecht,</u>		
Residence (P. O. Address)					<u>Chelsea</u>	
Color or Race	white	Age at Last Birthday	42	white	31	
Occupation (And Industry)					Housewife	
Birthplace	<u>Michigan</u>				<u>Michigan</u>	
Number of child of this mother	<u>three</u>				Number of children, of this mother, now living	<u>three</u>

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

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

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

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

(Signature) S. G. BushDated July 12, 1922 Attending Physician  
(Attending physician, midwife, father, etc.)Address Chelsea, Mich.Filed July 13, 1922 Georbalworth  
Registrar. R.W.

## PLACE OF BIRTH STATE

County of WashtenawTownship of Sykesor  
Village of Chelseaor  
City of \_\_\_\_\_FULL NAME  
OF CHILD Theodora JohnsonSex of  
child FemaleTwin,  
triplet,  
or other?(No.) Main(If birth occurs in a hospital or other institution, give name of same  
instead of street and number.)Recorded No. 13

St. \_\_\_\_\_ Ward \_\_\_\_\_

{ If child is not yet named, make  
supplemental report, as directed.and { Number  
in order  
of birthLegiti-  
mate? yesDate of  
Birth July  
(Month) 16, 1922  
(Day) YearFull  
Name

## FATHER

Charles P. JohnsonResidence  
(P. O. Address) Chelsea, MichColor  
or Race white Age at Last  
Birthday 39  
(Years)Birthplace Maloone, GreeceOccupation  
(And Industry) merchantFull  
Maiden  
Name Sophia Stavasakos

MOTHER

Residence  
(P. O. Address) Chelsea, MichColor  
or Race white Age at Last  
Birthday 25  
(Years)Birthplace Maloone, GreeceOccupation  
(And Industry) HousewifeNumber of child of this mother OneNumber of children, of this mother, now living One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 3A.M.  
on the date above stated.  
(Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution? yes(Signature) A.A. PalmerDated Jul 18 1922 Attending PhysicianGiven or christian name added from a  
supplemental report 19

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

Address ChelseaFiled July 19 1922 G.W. Walworth

Registrar.

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

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

## PLACE OF BIRTH STATE

County of WashtenawTownship of Sylvanor  
Village of Chesterfield Michor  
City of \_\_\_\_\_(No. Summit St., \_\_\_\_\_ Ward)

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

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

FAMILY NAME OF CHILD Bernard Patrick Lyons

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 14Sex of child Male Twin, triplet, or other? no and Number in order of birthLegitimate? yes Date of Birth July 17, 1932  
(Month) (Day) (Year)

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

Full Name FATHER  
Henry Hughes LyonsFull Maiden Name MOTHER  
Helen M. Burg.Residence (P. O. Address) P. O. Address  
Chesterfield Mich.Residence (P. O. Address) Chesterfield Mich.Color or Race white Age at Last Birthday 37  
(Years)Color or Race white Age at Last Birthday 36  
(Years)Birthplace Brighton Mich.Birthplace Liverpool OhioOccupation (And Industry) Proprietor Shoe StoreOccupation (And Industry) at homeNumber of child of this mother Fourth Number of children, of this mother, now living Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 4:10 P.M.  
on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution? yes(Signature) Andros GudeDated July 17 1932 attending physician

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

Address Chesterfield Mich.Filed July 22 1932 G. W. WalworthRegistrar. RW.Given or christian name added from a  
supplemental report 19

## PLACE OF BIRTH STATE

County of WashtenawTownship of Lyonor  
Village of Chelseaor  
City of \_\_\_\_\_FULL NAME OF CHILD Robert Mel RoySex of child Male Twin, triplet, or other? } and Number in order of birth }Full Name FATHER  
Herbert RoyResidence (P. O. Address) ChelseaColor or Race white Age at Last Birthday 38 (Years)Birthplace CanadaOccupation (And Industry) Labour - Steel Ball Mfg.Number of child of this mother TwoNumber of children, of this mother, now living Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at P 5 M.  
on the date above stated.

Have eyes of child been treated with

a prophylaxis solution? yesGiven or christian name added from a supplemental report.....19(Signature) S. G. BushDated Jul 21 1922 Attending PhysicianAddress Chelsea, Mich (Attending physician, midwife, father, etc.)Filed Jul 26 1922 Govvalwood

Registrar.

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 15

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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.

Legiti- mate?	ye	Date of Birth	<u>July</u> , <u>22</u> , <u>1922</u>
Full Maiden Name	<u>Josephine Heselschmidt</u>	MOTHER	
Residence (P. O. Address)	<u>Chelsea</u>	Color or Race	<u>white</u>
Age at Last Birthday (Years)	<u>38</u>	Age at Last Birthday (Years)	<u>38</u>
Birthplace	<u>Michigan</u>	Occupation (And Industry)	<u>Housewife</u>

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

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

## PLACE OF BIRTH

County of WashtenawTownship of Lafayette

or

Village of Chelsea

or

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

FULL NAME  
OF CHILD.Geraldine Carr

(No.)

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

## RECORD OF BIRTH

Registered No. 16

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Sex of child <u>Female</u>	Twin, triplet, or other? <u></u>	and	Number in order of birth	Legiti-mate? <u>yes</u>	Date of Birth <u>July</u> (Month)	<u>31</u> (Day)	<u>1932</u> (Year)
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Full Name <u>Walter J. Carr</u>	FATHER	MOTHER <u>Emma Mater</u>
---------------------------------	--------	--------------------------

Residence (P. O. Address) <u>Chelsea, Mich</u>	Color or Race <u>white</u>	Age at Last Birthday <u>36</u> (Years)	Residence (P. O. Address) <u>Chelsea, Mich</u>	Color or Race <u>white</u>	Age at Last Birthday <u>37</u> (Years)
------------------------------------------------	----------------------------	-------------------------------------------	------------------------------------------------	----------------------------	-------------------------------------------

Birthplace <u>Sonalac Co., Mich</u>	Occupation (And Industry) <u>Electric Lineman</u>	Birthplace <u>Detroit, Mich</u>	Occupation (And Industry) <u>Housewife</u>
-------------------------------------	---------------------------------------------------	---------------------------------	--------------------------------------------

Number of child of this mother <u>Third</u>	Number of children, of this mother, now living <u>Two</u>
---------------------------------------------	-----------------------------------------------------------

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

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

(Signature) Geo. W. Palmer

Dated Aug 19 1932 Attending Physician  
(Attending physician, midwife, father, etc.)

Address Chelsea, Mich

Given or christian name added from a  
supplemental report 19

Filed Aug 1 1932 Gervalworth

Registrar. R.W.

## PLACE OF BIRTH STATE

County of WashtenawTownship of Sylvan

or

Village of Chelsea

or

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

FULL NAME  
OF CHILDJean Rita BycraftSex of child FemaleTwin,  
triplet,  
or other?} and } Number  
in order  
of birthLegiti-  
mate? yesDate of  
BirthAug 4, 1922  
(Month)      (Day)      (Year){ If child is not yet named, make  
supplemental report, as directed.Full  
Name

## FATHER

Chas. Henry Bycraft.

Residence

(P. O. Address)

Chelsea, Mich.Color  
or RacewhiteAge at Last  
Birthday  
(Years)Full  
Maiden  
Name

## MOTHER

Hazel Margaret Norman

Residence

(P. O. Address)

Chelsea, Mich.Color  
or RacewhiteAge at Last  
Birthday  
(Years)

Birthplace

Ann Arbor, Mich.Color  
or Racewhite

Birthplace

Dina, Mich.

Occupation

(And Industry)

Tie & Battery Merchant

Occupation

(And Industry)

Number of child of this mother

Number of children, of this mother, now living

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 5:10 P.M.  
on the date above stated. (Born alive or stillborn.)

Have eyes of child been treated with

(Signature)

A. A. Palmera prophylaxis solution? yes

Dated

Aug 6 1922

Attending Physician

Given or christian name added from a

Address

Chelsea

supplemental report.....

Filed

Aug 7 1922G. W. WalworthRegistrar.  
R.W.

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

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

PLACE OF BIRTH  
 County of Washtenaw  
 Township of Slyde  
 or  
 Village of Chelsea  
 or  
 City of \_\_\_\_\_

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics.

### RECORD OF BIRTH

Registered No. 18

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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.

FULL NAME OF CHILD Frank E. Novis Jr.

Sex of child	Twin, triplet, or other?	and	Number in order of birth	Legiti-mate?	Date of Birth
male				yes	Aug 5, 1922
Father					Mother
Full Name					Full Maiden Name
Frank E. Novis					Ela Snyder
Residence (P. O. Address)					Residence (P. O. Address)
Chelsea, Mich.					Chelsea, Mich.
Color or Race	white	Age at Last Birthday	29 (Years)		Color or Race
					white
Birthplace					Age at Last Birthday
Detroit, Mich.					24 (Years)
Occupation (And Industry)	Electric Lineman				Birthplace
					Ann Arbor, Mich.
					Occupation (And Industry)
					Housewife

Number of child of this mother.....

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

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

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

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

(Signature) Ges. W. Palmer

Dated Aug 5 1922 attending Physician  
(Attending physician, midwife, father, etc.)

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

Address Chelsea, Mich.

Filed Aug 7 1922 G. W. Walworth  
Registrar.

P.W.

## PLACE OF BIRTH

County of TushtenawTownship of Sylvan

or

Village of Chelsea

or

City of

FULL NAME  
OF CHILDGeorge Lewis Winans

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 19

(No.)

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

St. \_\_\_\_\_ Ward \_\_\_\_\_

{ 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 Birth	Aug., 6, 1922
Full Name	FATHER			yes	(Monthly)	(Day)	(Year)
Residence (P. O. Address)	<u>Elmer Eebert Winans</u>			Full Maiden Name	<u>Cora A. Burkhardt</u>		
Color or Race	white	Age at Last Birthday	35	Residence (P. O. Address)	<u>Chelsea, Mich.</u>		
Birthplace	<u>Chelsea, Mich.</u>			Color or Race	white	Age at Last Birthday	36
Occupation (And Industry)	<u>Jeweler</u>			Birthplace	<u>Chelsea, Mich.</u>		
Number of child of this mother			<u>Seventh</u>	Number of children, of this mother, now living			<u>seven</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 11:46 A.M.  
 on the date above stated.  
 (Born alive or stillborn.)

Have eyes of child been treated with

(Signature) A. D. Palmer M.D.a prophylaxis solution? yesDated Aug. 9, 1922 Attending Physician

Given or christian name added from a

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

supplemental report 19Address Chelsea, Mich.Filed Aug. 9, 1922 G. W. Walworth

Registrar.

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

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

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

PLACE OF BIRTH STATE  
 County of Washtenaw  
 Township of Slyvan  
 or  
 Village of Chelsea  
 or  
 City of \_\_\_\_\_  
 (No. \_\_\_\_\_) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 FULL NAME OF CHILD Richard white

Sex of child <u>Male</u>	Twin, triplet, or other? _____	and	Number in order of birth _____	Legiti- mate? <u>yes</u>	Date of Birth <u>Aug 29, 1922</u>
Full Name <u>Arlert white</u>	FATHER				MOTHER <u>Edith Funk</u>
Residence (P. O. Address) <u>Chelsea, Mich</u>					Residence (P. O. Address) <u>Chelsea, Mich</u>
Color or Race <u>white</u>	Age at Last Birthday <u>43</u> (Years)				
Birthplace <u>Essick Ill.</u>					Birthplace <u>Redick Ill.</u>
Occupation (And Industry) <u>Farmer</u>					Occupation (And Industry) <u>Domestic</u>
Number of child of this mother <u>6</u>		Number of children, of this mother, now living <u>5</u>			

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

Given or christian name added from a supplemental report 19

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics.

RECORD OF BIRTH  
 Registered No. 20

St., \_\_\_\_\_ Ward)

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

Full Maiden Name <u>Edith Funk</u>					
Residence (P. O. Address) <u>Chelsea, Mich</u>					
Color or Race <u>white</u>	Age at Last Birthday <u>33</u> (Years)				
Birthplace <u>Redick Ill.</u>					
Occupation (And Industry) <u>Domestic</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*  
 I hereby certify that I attended the birth of this child, who was born alive at 8:40 A.M.  
 on the date above stated. (Born alive or stillborn.)

(Signature) H. W. Schmidt  
 Dated Aug 30 1922 Physician & Surgeon  
 Address Chelsea, Mich. (Attending physician, midwife, father, etc.)  
 Filed Sept 1 1922 Geo. W. W. W. Rev.  
 Registrar.

## PLACE OF BIRTH

County of Washtenaw  
Township of Sylvan

or  
Village of Cheba

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

FULL NAME  
OF CHILD Magnard George Oesterle

Sex of child Male Twin, triplet, or other?  and Number in order of birth

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

RECORD OF BIRTH  
Registered No. 21

St., \_\_\_\_\_ Ward)

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

Full Name **FATHER**  
John Oesterle

Residence (P. O. Address) Cheba, Mich.

Color or Race white Age at Last Birthday 42 (Years)

Birthplace Michigan

Occupation (And Industry) Machinist

Legiti-mate? yes Date of Birth Sept 18, 1922  
(Month) (Day) (Year)

**MOTHER**  
Full Maiden Name Emma Thalhammer

Residence (P. O. Address) Cheba

Color or Race white Age at Last Birthday 26 (Years)

Birthplace Michigan

Occupation (And Industry) Housewife

Number of child of this mother 3

Number of children, of this mother, now living 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

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

Given or christian name added from a  
supplemental report 19

(Signature) S. G. Bush

Dated Sept 17 1922 Attending Physician

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

Address Cheba, Mich.

Filed Sept 26 1922 Survival record

R.W.  
Registrar.

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

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

## PLACE OF BIRTH STATE

County of CrookstonTownship of Sylvan

or

Village of Chelsea

or

City of AndrewFULL NAME OF CHILD Andrew Policht

(No.)

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

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 22

St. \_\_\_\_\_ Ward \_\_\_\_\_

{ 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? <u>yes</u>	Date of Birth	<u>Nov.</u>	<u>5</u>	<u>1922</u>
Full Name	<b>FATHER</b> <u>Joseph Policht</u>				Full Maiden Name	<b>MOTHER</b> <u>Agnes Zam kowska</u>			
Residence (P. O. Address)	<u>Chelsea, Mich.</u>				Residence (P. O. Address)	<u>Chelsea, Mich.</u>			
Color or Race	<u>white</u>	Age at Last Birthday	<u>42</u>	(Years)	Color or Race	<u>white</u>	Age at Last Birthday	<u>39</u>	(Years)
Birthplace	<u>Galicia</u>				Birthplace	<u>Galicia</u>			
Occupation (And Industry)	<u>Laborer</u>				Occupation (And Industry)	<u>Housewife</u>			

Number of child of this mother 11<sup>th</sup>Number of children, of this mother, now living 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

at 11:30 P.M.(Signature) Geo. W. Palmer

Dated Nov. 7 1922 Attending Physician (Attending physician, midwife, father, etc.)  
 Address Chelsea Mich.  
 Filed Nov 9 1922 G.W. Palmer Registrar.  
RW.

Have eyes of child been treated with  
 a prophylaxis solution? yes  
 Given or christian name added from a  
 supplemental report..... 19

## PLACE OF BIRTH

County of WashtenawTownship of Sylvaniaor  
Village of Chelseaor  
City of FULL NAME OF CHILD Margaret Juanta SlaneSex of child Female Twin, triplet, or other? no Number in order of birth 1Legiti-mate? Yes Date of Birth Nov. 8  
(Month) (Day) (Year)

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

Full Name **FATHER** Charles P. SlaneFull Maiden Name Eva R. McKayResidence (P. O. Address) Chelsea, Mich.Residence (P. O. Address) Chelsea, Mich.Color or Race white Age at Last Birthday 38 (Years)Color or Race white Age at Last Birthday 25 (Years)Birthplace Van Wert Co. OhioBirthplace Walling, Mich.Occupation (And Industry) CarpenterOccupation (And Industry) At HomeNumber of child of this mother Fourth Number of children, of this mother, now living Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

Have eyes of child been treated with

(Signature) Andros Guldea prophylaxis solution? yesDated Nov. 9 1922 Attending Physician

Given or christian name added from a

Address Chelsea, Mich. (Attending physician, midwife, father, etc.\*)

supplemental report.....

Filed Nov. 10 1922 G.W. Walworth

Rec.

Registrar.

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

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

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

## PLACE OF BIRTH

County of WashtenawTownship of Sykesor  
Village of Chelseaor  
City of \_\_\_\_\_FULL NAME  
OF CHILD Virgil SlaneSex of  
child Male{ Twin,  
triplet,  
or other? no }{ Number  
in order  
of birth }

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 34

Ward)

(No. 228 Buckanan

St.,

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

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

Full  
Name George W. Slane

## FATHER

Residence  
(P. O. Address) Chelsea, Mich.Color  
or Race whiteAge at Last  
Birthday 45  
(Years)Birthplace Springfield, Mo.Occupation  
(And Industry) CarpentryFull  
Maiden  
Name Stella V. Aldrich

## MOTHER

Residence  
(P. O. Address) Chelsea, Mich.Color  
or Race whiteAge at Last  
Birthday 36  
(Years)Birthplace Paulding, OhioOccupation  
(And Industry) at homeNumber of child of this mother SeventhNumber of children, of this mother, now living Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or stillborn.)Have eyes of child been treated with  
a prophylaxis solution? yes(Signature) Andrea T. GuldDated Dec 4 1922 Attending PhysicianAddress Chelsea, Mich. Attending physician, midwife, father, etc.\*Given or christian name added from a  
supplemental report Dec. 7 1922Filed Dec 5 1922 Registrar Gowvalinore

Re

## PLACE OF BIRTH STATE

County of Washington

Township of Sylvan

or Village of Chelsea

or City of Chelsea

FULL NAME OF CHILD

Joseph Andrew Steele

Sex of child

Male

Twin,  
triplet,  
or other?

no

and

Number  
in order  
of birthLegiti-  
mate?

yes

Date of Birth

Dec. 3, 1922  
(Month) (Day) (Year){ If child is not yet named, make  
supplemental report, as directed.

Full Name

George A. Steele

Residence  
(P. O. Address)

Chelsea, Mich.

Color or Race

white

Age at Last Birthday

30  
(Years)

Birthplace

Saco Twp. Wash Co. Mich.

Occupation  
(And Industry)

Farmer

Full Maiden Name

Mary C. Kabb.

Residence  
(P. O. Address)

Chelsea, Mich.

Color or Race

white

Age at Last Birthday

30  
(Years)

Birthplace

Chelsea, Mich.

Occupation  
(And Industry)

At Home

Number of child of this mother

Fourth

Number of children, of this mother, now living

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Have eyes of child been treated with  
a prophylaxis solution?

(Signature)

Andros Gulle E7.  
at 4:07 M.  
(Born alive or stillborn.)Given or christian name added from a  
supplemental report

Dated Dec. 4 1922 Attending Physician

Dec. 13 1922

Address Chelsea, Mich.

Filed Dec. 5 1922 Swallowworth

R.W.

Registrar.

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

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

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

## PLACE OF BIRTH STATE

County of Washtenaw  
Township of Sydenham

or  
Village of Chelsea  
or  
City of Maryville

FULL NAME  
OF CHILD Gene Tregmorth

Sex of  
child Female

Twin,  
triplet,  
or other?

} and { Number  
in order  
of birth

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics.

## RECORD OF BIRTH

Registered No. 36

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

(No. 237 Adams

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

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

Full  
Name

## FATHER

Edmund Tregmorth

Residence  
(P. O. Address)

Chelsea, Mich.

Color  
or Race

white

Age at Last  
Birthday \_\_\_\_\_  
(Years) 27

Birthplace

Waterloo, Mich.

Occupation  
(And Industry)

Truckman

Legiti-  
mate?

yes

Date of  
Birth

Dec., 19, 1922  
(Month) (Day) (Year)

Full  
Maiden  
Name

Maryvone Hepburn

Residence  
(P. O. Address)

Chelsea, Mich.

Color  
or Race

white

Age at Last  
Birthday \_\_\_\_\_  
(Years) 26

Birthplace

Chelsea, Mich.

Occupation  
(And Industry)

Domestic

Number of child of this mother one

Number of children, of this mother, now living none

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Have eyes of child been treated with  
a prophylaxis solution?

(Signature) H. W. Tregmorth

Dated Dec. 23 1922 (Attending physician, midwife, father, etc.)

Address Chelsea, Mich.

Filed Dec. 23 1922 by Maryvone Hepburn

Rue

Registrar.

Given or christian name added from a  
supplemental report 19

## PLACE OF BIRTH

County of Washtenaw  
Township of Sykes

or  
Village of Chelsea  
or  
City of \_\_\_\_\_

FULL NAME  
OF CHILD

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

Sex of child <u>Female</u>	Twin, triplet, or other? <u></u>	and	Number in order of birth <u>1</u>	Legiti-mate? <u>yes</u>	Date of Birth <u>Dec. 28, 1922</u> (Month)      (Day)      (Year)
Full Name <u>Samuel Haganon</u>		FATHER			
Residence (P. O. Address) <u>Chelsea, Mich.</u>		MOTHER			
Color or Race <u>white</u>	Age at Last Birthday <u>29</u> (Years)			Color or Race <u>white</u>	Age at Last Birthday <u>28</u> (Years)
Birthplace <u>royalty, Mich.</u>		Birthplace <u>Rene, Ind.</u>			
Occupation (And Industry) <u>Laborer</u>		Occupation (And Industry) <u>Domestic</u>			

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

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

Have eyes of child been treated with  
a prophylaxis solution?

Given or christian name added from a  
supplemental report 19

(Signature) H. W. SchmidtDated Dec. 30 1922 Olyssia  
(Attending physician, midwife, father, etc.)Address Chelsea, Mich.Filed Dec. 30 1922 GeorgiavilleRegistrar  
Ru.

WRITE PLAINLY, WITH UNFEADING 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.