

Record of Births Reported to County Clerk

STATE OF ILLINOIS,
Macon County

REPORT OF A BIRTH * TO COUNTY CLERK.

The physician, midwife (when in attendance), parent or householder should immediately send this certificate accurately filled out to the County Clerk of the county in which the birth takes place. Penalty for not making report within 30 days, fine of \$10 to \$100, or imprisonment in jail for 30 days, or both.

1. **Full name of Child *Evelyn Virginia Churchman*
 2. Sex *Female* Race or Color (if not of the white race) *White*
 3. Number of Child of this Mother *4th* 4. Date of this Birth *12-3-13*
 5. Place of Birth No. *1219 W Wood* Street *Decatur* City Village Town
 6. Residence of Mother " " " "
 7. Place of Birth, Town, } a. Father *Decatur Mo* Age of *39*
 State or Country } b. Mother *Decatur Ill* Age of *32*
 8. Full Name of Mother *Nora Lechman*
 9. Maiden Name of Mother *Nora Proutman*
 10. Full Name of Father *O. A. Churchman*
 11. Occupation of Father *Not Determined*
 12. Name and Address of Nurse or Attendant (if any) *Mrs E Walker Decatur Ill*
 Reported by *R L Morris* M. D.
 Date *12-4* 1913 Residence *Decatur Ill* Midwife

Filed for Record *16* day of *Jan* 1914 *M E Reinevel* Clerk.

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1. **Full name of Child *Henry Joseph Veltin*
 2. Sex *Male* Race or Color (if not of the white race) *White*
 3. Number of Child of this Mother *1st* 4. Date of this Birth *12-23-13*
 5. Place of Birth No. *812 E Whitman* Street *Decatur Ill* City Village Town
 6. Residence of Mother " " " "
 7. Place of Birth, Town, } a. Father *St Louis Mo* Age of *29*
 State or Country } b. Mother *Rushville Neb* Age of *21*
 8. Full Name of Mother *Minnie Veltin*
 9. Maiden Name of Mother *Minnie Umlauf*
 10. Full Name of Father *H J Veltin*
 11. Occupation of Father *Laboren*
 12. Name and Address of Nurse or Attendant (if any) *Mrs Freda Umlauf*
 Reported by *R L Morris* M. D.
 Date *12-26* 1913 Residence *Decatur Ill* Midwife

Filed for Record *16* day of *Jan* 1914 *M E Reinevel* Clerk.

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1. **Full name of Child
 2. Sex *Female* Race or Color (if not of the white race) *White*
 3. Number of Child of this Mother *1st* 4. Date of this Birth *1-11-14*
 5. Place of Birth No. *1376 N Clinton* Street *Decatur Ill* City Village Town
 6. Residence of Mother " " " "
 7. Place of Birth, Town, } a. Father *Decatur Ill* Age of *31*
 State or Country } b. Mother *Ligel Ill* Age of *27*
 8. Full Name of Mother *Anna Leath*
 9. Maiden Name of Mother *Anna Heyman*
 10. Full Name of Father *John Leard*
 11. Occupation of Father *Boiler Maker*
 12. Name and Address of Nurse or Attendant (if any) *Mrs Madeline Heyman*
 Reported by *R L Morris* M. D.
 Date *1-14* 1913 Residence *Decatur Ill* Midwife

Filed for Record *16* day of *Jan* 1914 *M E Reinevel* Clerk.

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