Record of Births Reported to County Clerk

LINDSWILER PRINTING CO., DECATUR, ILL.

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.

919

1. **Full name of Child: Wilbur Paul Velten
2. Sex: Male — Race or Color (if not of the white race): White
3. Number of Child of this Mother: Second — 4. Date of this Birth: December 30-1915
5. Place of Birth — No. 2015 N Lowber Street — City / Village / Town
6. Residence of Mother — " " " " "
7. Place of Birth, Town, State or Country — a. Father: Mo. Age of 31 — b. Mother: Neb. Age of 23
8. Full Name of Mother
9. Maiden Name of Mother: Minnie Mikaus
10. Full Name of Father: Frank J Velten
11. Occupation of Father: Laborer
12. Name and Address of Nurse or Attendant (if any)

Reported by: R L Morris — M. D. / ~~Midwife~~

Date 19 — Residence: Decatur Illinois

*Still-Births should be reported on separate blank form.
**The Baptismal or Christian name of child should be certified, if possible, when this certificate is made, and should, in any case, be reported to the County Clerk within a year.

Filed for ~~Record~~ 31 day of January 1916 Jerome J Heger Register ~~Clerk~~

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913

1. **Full name of Child: Vera Marie Sullivan
2. Sex: Female — Race or Color (if not of the white race): White
3. Number of Child of this Mother: First — 4. Date of this Birth: December 20-1915
5. Place of Birth — No. 1861 N Railroad Street — City / Village / Town
6. Residence of Mother — " 1861 N Railroad avenue
7. Place of Birth, Town, State or Country — a. Father: Illinois Age of 21 — b. Mother: Illinois Age of 19
8. Full Name of Mother
9. Maiden Name of Mother: Lela May Sullivan
10. Full Name of Father: William Kyle Sullivan
11. Occupation of Father: Carpenter
12. Name and Address of Nurse or Attendant (if any)

Reported by: A L Foster — M. D. / ~~Midwife~~

Date 19 — Residence: Decatur Illinois

*Still Births should be reported on separate blank form.
**The Baptismal or Christian name of child should be certified, if possible, when this certificate is made, and should, in any case, be reported to the County Clerk within a year.

Filed for ~~Record~~ 22 day of January 1916 Jerome J Heger Register ~~Clerk~~

STATE OF ILLINOIS, Macon County

REPORT OF A BIRTH * TO COUNTY CLERK

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914

1. **Full name of Child: Edwin Gray Reynolds
2. Sex: Male — Race or Color (if not of the white race): White
3. Number of Child of this Mother: Second — 4. Date of this Birth: December 21, 1915
5. Place of Birth — No. 960 W. Murray Street — City / Village / Town
6. Residence of Mother — " " " "
7. Place of Birth, Town, State or Country — a. Father: Illinois Age of 31 — b. Mother: " Age of 25
8. Full Name of Mother
9. Maiden Name of Mother: Calausie Peterson
10. Full Name of Father: Fred L Reynolds
11. Occupation of Father: Clerk
12. Name and Address of Nurse or Attendant (if any)

Reported by: M D Pollock — M. D. / ~~Midwife~~

Date 19 — Residence: Decatur Illinois

*Still Births should be reported on separate blank form.
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Filed for Record 22 day of January 1916 Jerome J Heger Register ~~Clerk~~

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