Flm # 0983934

Land Control of the C	100 MIN 100 MI
STATE OF ILLINOIS,  The physician, midwife (when in attendance), parent or householder should immediately send this certificate accurately filled out to the County Clerk  Macon Collinity  of the county in which the birth takes place. Penalty fee not making report within 50 days, fine of \$10 to \$100, or imprisonment in fall for 30 days, or lock.	
1. 80 Full name of Child Evelyn Virginia Churchman  2. Sec (1) Rese or Color (if not pi 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. 12.19 WWood Street Quecation Village Kown	-
7. Place of Birth, Town, a. Father Quecatur Ils Age of 3.9	
State or Country b. Mother Recalling Age of 32	1
9. Malden Name of Mother Horal Providence	1
10. Full Name of Father O. N. Churchman	100
11. Occupation of Father Mot Queternibase  12. Name and Address of Nurse or Attendant (if any) Mrs & Walker Quecaker Ollo	1
Date 19/3 Residence 20 Milwish	
Data 12-4 19/3 Residence Question Della daldwife  osidi-Birthe should be reported on separate blank form.  of 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,	1-6
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ja jan 'Till a cumules	
STATE OF ILLINOIS, Macon County  The physician, midwife (when in attendance), parent or householder should immediately fend 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 Juli for 30 days, or both.	
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 / Lewy Joseph Velten  2. Sex Male Recor Color (if not of the white race) white	1,179
2. Sex Male Record Color (if not of the white race) white  3. Number of Child of this Mother  4. Date of this Birth 12-23-3	4
5. Place of Birth No. 812 Enhitmer Street alecation Ollo City Village	
6. Residence of Mother "  7. Place of Birth, Town, a. Father Adornis Mo Age of 29	
- State or Country   b. Mother Purshville Reb - Age of 2/	
8. Full Name of Mother Minnie Velter	7777
9. Maiden Name of Mother Minice Unidauf  10. Full Name of Father Al Vellen	
11. Occupation of Father Rubores  12. Name and Address of Nurse or Attendant (if any) 31. 6 - 1.12.	
12. Name and Address of Nurse or Attendant (if any) This Breda Instant Reported by Bredansis [M.D.	
Date 12-26 1913 - Residence Decation Ollo Minoria	-1
odill-Births should be reported on separate blank form.  On the Baptismal or Christian name of child be certified, if possible, when this certificate is made, and should, in any case, be reported to the County Clerk within a year.	15
Filed for Record 16 day of an 1914 MEReceively Clerk.	1.73
STATE OF ILLINOIS. REPORT OF A BIRTH * TO COUNTY CLERK.	2,0
Macon County  The physician, midwile (whom in attendance), parent or householder should immediately arnd 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 jall for 30 days, or both.	1
1. **Full name of Child	
2. Sex Remale Race or Color (if not of the white race) While	100
3. Number of Child of this Mother 1st 4. Date of this Birth 1-11-14  5. Place of Birth No. 1376 Helischen Street activation all City	- 1 1 1 A
6. Residence of Mother " Yillings Town Town	
7. Place of Birth, Town, a. Father Occation III Age of 3/ State or Country b. Mother	) 1
8 Bull Name of Markers	
9. Maiden Name of Mother accord Sleymon  10. Full Name of Father Jahr Speed Sleymon	-
11. Occupation of Father Boiler Maker	
12. Name and Address of Nurse or Attendant (if any) Mr. Madyalene Weignen	
12. Name and Address of Nurse or Attendant (if any)  13. Name and Address of Nurse or Attendant (if any)  14. Name and Address of Nurse or Attendant (if any)  15. Name and Address of Nurse or Attendant (if any)  16. Residence Residence Residence Residence Operating Seles  17. M. D.  18. M. D.  18	1.00
	-1
Closely Birthe thevide be reported, on separate blank form.  At the Replicand 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 // day of // 19/1/ 19/	14
Flied for Record 16 day of free 191X Mcollecusive Clerk.	