RECORDS 14, 15, 16, 17.

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1. PLACE OF BIRTH							
County of Rock Island	Registration92 Dist. No. 792		State Board	STATE OF l of Health - I	STATE OF ILLINOIS of Health - Bureau of Vital Statistic		
Township or Road Dist., Inc. Town or Village or City of Moline	Primary 3600 Dist. No. No. No.	0	CERT	Registered		RTH	
2. FULL NAME OF CHILD Alvin 3. SEX OF CHILD 4. Twin, triplet or			, St	supplemen	s not yet nam tal report, as	Ward ned, make directed	
Male other? To be answered on plural	of birth		DALL OF BIRTH	1 March	7, 1919		
6. FULL NAME FATHER Christ Olson		12.	FULL MAIDEN NAME	(Month) MOTHER Freda Dah	(Day)	19 (Year)	
Moline, 111.	1.7.4.00		RESIDENCE MC COLOR W.	oline, Ill.			
10. BIRTHPLACE (State or Country) Sweden		16.	BIRTHPLACE (State or Country)		E AT LAST3 RTHDAY	6 Years	
11. OCCUPATIONLaborer18. Number of children born to this mother	inclus!	17	OCCTTP 1	Sweden Housewife			
 18. Number of children born to this mother, birth	at birth				now living		
 *When there was no attending physician or wife, then the father, mother, householder, shall make this return. See Sec. 12 of Vital Statistics Law. 22. Give name added from a supplemental regimental regi	port Filed Apr. 2,	. Si . Ac . 197	gnature L. D. (Physic	M., on Barding, cian or Midwifd e, Ill. W. T. Him oline, Ill.	M. D. P) Telephone man. M. D.	M. D. Midwife 	
STATE OF ILLINOIS COUNTY OF ROCK ISLAND } and State aforesaid, do hereby certify the ab	I, S	SAM	UEL A MILLINIY	0			
and State aforesaid, do hereby certify the ab Alvin Richard Olson as the same appears of record in my office.			e a full and comple	ete copy of the	Report of Bi	rth of	
IN WITHIT			hereunto set my har May				