



CERTIFICATE OF BIRTH

DELAYED REGISTRATION

State Office No.

PLACE OF BIRTH
County Grand Traverse

Township Garfield

Village.....
or
City.....

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

FULL NAME OF CHILD Frank Krause

Sex Male	If Plural Births } Twin, Triplet or Other <u>single</u> Number, in order of Birth.....	Legitimate? <u>yes</u>	Date of Birth <u>April 28 1882</u> (Month) (Day) (Year)
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Full Name FATHER <u>Julius Krause</u>	Full Maiden Name MOTHER <u>Mary Shank</u>
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Residence and Post Office Address
Garfield Twp- Grand Traverse Co-Mich. Garfield Twp-Gd. Traverse Co. Mich.

Color <u>white</u>	Age at last Birthday <u>32</u> (Years)	Color <u>white</u>	Age at last Birthday <u>22</u> (Years)
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Birthplace <u>Near Berlin, Germany</u>	Birthplace <u>Lancaster, Pa.</u>
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Summary of supporting evidence:
Testimony of Emma Jackson) Cousin
Maggie Haas) Aunt

Number of Child of this Mother first (Including this Birth) Number of Children, of this Mother, Living none (At the time of this Birth)

In the Probate Court:

COUNTY OF Grand Traverse

Satisfactory evidence establishing the facts of the above birth has been presented, and the State Commissioner of Health is hereby directed to record the same.

Given under my hand and seal this 14th day of May, 1942

Thomas D. Meggison
Judge of Probate.

Recorded and filed in Michigan Department of Health 5-19, 1942

STATE OF MICHIGAN,)
COUNTY OF Grand Traverse) ss. Harry Brinkman
Clerk of said County and Clerk of the Circuit Court for said County, the same being a Court of Record having a seal, do hereby certify that the above is a true copy of the Record of Delayed Registration of Birth of Frank Krause now remaining in my office, and of the whole thereof.

In Testimony Whereof, I have hereunto set my hand and affixed the