

STATE OF MICHIGAN, RECORD

CHILD.

B. A.

No.	DATE OF BIRTH.			NAME, (IF ANY, AND COLOR OTHER THAN WHITE.)	SEX, (And Condition, as Twin, Illegitimate, Etc.)	BIRTH-PLACE.
	Month.	Day.	Year.			
	<i>Aug.</i>	<i>17</i>	<i>1867</i>	<i>Young Sarah L</i>	<i>Female</i>	<i>Independence Oakland Co</i>
	<i>May</i>	<i>7</i>	<i>1868</i>	<i>Tomans Adam</i>	<i>Male</i>	<i>Wheeler</i>
	<i>March</i>	<i>17</i>	<i>1869</i>	<i>Youngs Franklin D</i>	<i>Male</i>	<i>Lafayette</i>