

41687

EX

MARGIN RESERVED FOR BINDING  
All facts on this certificate, particularly the age and residence of parents, number of children born, etc., must be stated as of the time of this birth.

| PLACE OF BIRTH                                                                                                                                                  |           | CERTIFICATE OF BIRTH             |        | Delayed Registration                       |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|--------|--------------------------------------------|-------|
| County                                                                                                                                                          | Wayne     | Bureau of Records and Statistics |        |                                            |       |
| Township                                                                                                                                                        | Van Buren | MICHIGAN DEPARTMENT OF HEALTH    |        |                                            |       |
| Village or city                                                                                                                                                 |           | Bureau of Records and Statistics |        |                                            |       |
| FULL NAME OF CHILD                                                                                                                                              |           | ARTHUR ROY COLEMAN               |        |                                            |       |
| Sex                                                                                                                                                             | MALE      | If plural births                 | SINGLE | Legitimacy                                 | yes   |
| Date of birth                                                                                                                                                   |           | October 22, 1884                 |        |                                            |       |
| Full name                                                                                                                                                       |           | FATHER                           |        | MOTHER                                     |       |
| Calvert Malcolm Coleman                                                                                                                                         |           | Sarah Elizabeth Westfall         |        |                                            |       |
| Residence and post office address                                                                                                                               |           |                                  |        |                                            |       |
| Belleville, Michigan                                                                                                                                            |           |                                  |        |                                            |       |
| Color                                                                                                                                                           | white     | Age at last birthday             | 50     | Color                                      | white |
| Birthplace                                                                                                                                                      |           | Pennsylvania                     |        | Michigan                                   |       |
| Summary of supporting evidence: Affidavit of older brother<br>Affidavit of friend of family at time of birth<br>No documentary proof available                  |           |                                  |        |                                            |       |
| Number of child of this mother                                                                                                                                  |           | eighth                           |        | Number of children, of this mother, living |       |
| (Including this birth)                                                                                                                                          |           |                                  |        | eight                                      |       |
| In the probate court:                                                                                                                                           |           |                                  |        |                                            |       |
| County of Wayne                                                                                                                                                 |           |                                  |        |                                            |       |
| 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 18th day of December, 1910                                                                                                    |           |                                  |        |                                            |       |
| Recorded and filed in Michigan Department of Health, 1910                                                                                                       |           |                                  |        |                                            |       |

## EXEMPLIFICATION OF RECORD (SHORT FORM)

STATE OF MICHIGAN, }  
County of Wayne } ss.

TO THE PROBATE COURT FOR SAID COUNTY:

I, Ray Hapel, Deputy Probate Register for said County  
and acting as Clerk of said Probate Court, do hereby certify that I have compared the foregoing copy of  
Certificate of Birth, delayed registration, in the matter of  
ARTHUR ROY COLEMAN

with the original record thereof, now remaining in this office, and have found the same to be a correct transcript therefrom,  
and of the whole of such original record.



IN TESTIMONY WHEREOF, I have hereunto set my hand and

affixed the Seal of said Probate Court, at Detroit, this

24th

day of

December,

A. D., 1910

Ray Hapel  
Deputy Probate Register.

No. 277,400

## PROBATE COURT

CERTIFICATE OF BIRTH  
ESTATE OF X

Delayed Registration

ARTHUR ROY COLEMAN

Exemplification of Record