| FAMILY GROUP No<br>This Information Obtained Fro |                     | Day Month Year                                                              | City, Town or Place    | County or Province, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State or Country       | Add. Info. on Husband  |
|--------------------------------------------------|---------------------|-----------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|
| Starkes                                          | Birth               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Chr'nd              |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Mar.                |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Death               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Burial              |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  |                     | of Residence                                                                | Church Affil           | intion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mille                  |                        |
|                                                  | Occupa<br>Other wiv | es, if any. No. (1) (2) etc.<br>arate sheet for each mar.                   |                        | TALTOIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Military Rec.          |                        |
|                                                  | Make sepa           |                                                                             |                        | Mother's Maiden Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | me                     |                        |
|                                                  | IIIS I'd            | thei                                                                        |                        | O 1 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                      |                        |
|                                                  |                     | Wife's Full                                                                 | Maiden Nam             | re Judell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                      |                        |
|                                                  | Wife's<br>Data      | Day Month Year                                                              | City, Town or Place    | County or Province, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State or Country       | Add. Info. on Wife     |
|                                                  | Birth               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Chr'nd              |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Death               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Burial              |                                                                             | L                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Compiler                                         |                     | of Residence                                                                |                        | at 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                        |
| Address<br>City State                            |                     | tion if other than<br>bands, if any. No. (1) (2) (arate sheet for each mar. |                        | Church Affili                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ation                  |                        |
| City, State                                      | Make sepa           |                                                                             |                        | Mother's Maiden Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | me                     |                        |
| Date Children's Names in Full                    | Children's          |                                                                             | I                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 141.14                 |
| (Arrange in order of birth)                      | Data                | Day Month Year                                                              | City, Town or Place    | County or Province, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State or Country       | Add. Info. on Children |
| Henrich                                          | Birth               | 16 NO 177                                                                   | 1                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 30 No 177              |
| Full Name of Spouse*                             | Mar.                |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Nemica                 |
| Jan Limits of Spound                             | Death               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | moun, was              |
| 2                                                | \Burial<br>Birth    |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Mar.                |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Full Name of Spouse*                             | Death               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Burial              |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 3                                                | Birth               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 1 2 1 1 2 2                                      | Mar.                |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Full Name of Spouse*                             | Death               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Burial              |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 4                                                | Birth               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Full Name of Spouse*                             | Mar.                | -                                                                           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | -                      |
| - an manie of Spouse-                            | Death               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 5                                                | Burial<br>Birth     | -                                                                           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| J                                                | Mar.                |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Full Name of Spouse*                             | Death               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Total California                                 | Burial              |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 6                                                | Birth               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Mar.                |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Full Name of Spouse*                             | Death               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Burial              |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 7                                                | Birth               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| P.H.M.                                           | Mar.                |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Full Name of Spouse*                             | Death               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 0                                                | Burial              |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 8                                                | Birth               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Full Name of Spouse*                             | Mar.                |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| ane angry me select transfer                     | Death<br>Burial     |                                                                             | 1                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 9                                                | Birth               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| J                                                | Mar.                |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Full Name of Spouse*                             | Death               |                                                                             |                        | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                        |
|                                                  | Burial              |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 10                                               | Birth               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                  | Mar.                |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Full Name of Spouse*                             | Death               |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| *If married more than once No. each n            | Burial              |                                                                             | dren" column. Hee reve | erse side for additional children                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | other notes, reference | res or information     |
| Se semester and a committee and address to       | - /-/ /-/ area mine | more on city                                                                | Obe Total              | The second secon | Lordiche               |                        |

WORK SHEET (For recording genealogical information as it is gathered from various sources.) Search No. Enclosure No. Name of Subject Subject's City, Town or Place State or Country Month Printed Record Vol. Page Location Birth Document Dated Recorded Chr'nd Who controls or has record? Check source or type of the cord and describe. Mar. Death Census Burial Church Places of Residence Correspondence Occupation Church Affiliation Military Rec. Father Mother Deed Name of Spouse City, Town or Place History County or Province, etc. State or Country Home Birth Interview Chr'nd Military Death Obituary Burial Tombstone Places of Residence Uvital Record Church Affiliation Occupation Military Rec. Other Mother Father Copy verbatum on this form the informa- from all sources, you may easily make Original: Certified Copy: Recorded Copy: tion you find in the various records or comparisons of statements, judge value of books as you do your research. (You will each, and record correct data on a perma-Transcribed Copy: Extract: find differences in records.) Make a sep-nent form such as A1, F1, F3 or F6. See arate sheet for each search or each name

The Sixth Edition THE HOW BOOK FOR Photo Copy: Handwritten: Typewritten: Printed or family on your line found in a search, GENEALOGISTS for additional suggestions Then, after information has been extracted regarding the use of this sheet. Legibility City, Town or Place County or Province, etc. State or Country Children's names in full (Arrange in order of birth) Day Birth Mar. Full name of spouse Death Burial 2 Birth Mar. Full name of spouse Death Burial 3 Birth Mar. Full name of spouse\* Death Burial 1 Birth Mar. Full name of spouse\* Death Burial

\*If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use space below or reverse side for additional children, other notes, references or information.

Peter albert Father HUSBAND Mother Born Flourished Married Died Buried Other Marriages Father Regena WIFE Mother Born Flourished Died Buried Other Marriages CHILDREN DATA DAY MONTH YEAR TOWN/CITY COUNTY/PROVINCE STATE/COUNTRY NAMES OF SPOUSES SEX Maria Geller ECO-VIEU®
Post Office Box 6335
Santa Ana, California 92706 Catherine Elizabeth Regena 1770 Born Married Died 30 Dp 1748029 Born Married Died 3 Born Married Died 4 Born Married Died 5 Born Married Died 6 Born Married Died 7 Married Died 8 Born Married Died 9 Born Married Died 10 Born Married Died 11 Born Married Died 12 Born Married Died FAMILY GROUP RECORD BIOGRAPHICAL DATA

FORM 1-C

© Copyright 1973

SOURCES OF INFORMATION

COMPILER OF RECORD

MISCELLANEOUS

| Printed Record                                                                                                                                               |                                                                                                                                                      |         | Name<br>Subject's<br>Data                     | Day                                       | Month                           | Year                                   | City Town or                                             | Place                                     | County or Provin                                                           | ce, etc.                               | State or Country                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------|-------------------------------------------|---------------------------------|----------------------------------------|----------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|
| Vol. Page Location                                                                                                                                           |                                                                                                                                                      |         | Birth                                         |                                           |                                 |                                        |                                                          |                                           |                                                                            |                                        |                                                           |
| Document Dated Records                                                                                                                                       | ed                                                                                                                                                   |         | Chr'nd                                        |                                           |                                 |                                        |                                                          |                                           |                                                                            |                                        |                                                           |
| Who controls or has record?                                                                                                                                  |                                                                                                                                                      | 1       | Mar.                                          |                                           |                                 |                                        |                                                          |                                           |                                                                            |                                        |                                                           |
| En □ Bible                                                                                                                                                   |                                                                                                                                                      |         | Death                                         |                                           |                                 |                                        |                                                          | -                                         |                                                                            |                                        |                                                           |
| Census                                                                                                                                                       |                                                                                                                                                      |         | Burial                                        |                                           |                                 |                                        |                                                          |                                           |                                                                            |                                        |                                                           |
| Church Ste Lake.                                                                                                                                             | 1/                                                                                                                                                   |         | Places o                                      | f Resid                                   | ence                            |                                        |                                                          |                                           |                                                                            |                                        |                                                           |
|                                                                                                                                                              |                                                                                                                                                      |         | Occupati                                      | on                                        |                                 |                                        | Church Affil                                             | lation                                    | М                                                                          | ilitary                                | Rec.                                                      |
| ÖÖ ☐ Correspondence                                                                                                                                          |                                                                                                                                                      |         | Father                                        |                                           |                                 |                                        | N                                                        | lother                                    |                                                                            |                                        |                                                           |
| Deed                                                                                                                                                         |                                                                                                                                                      |         | Name                                          | of Spe                                    | ouse                            |                                        |                                                          |                                           |                                                                            |                                        |                                                           |
| History                                                                                                                                                      |                                                                                                                                                      |         | Spouse's<br>Data                              | Day                                       | Month                           | Year                                   | City, Town or                                            | Place                                     | County or Prov                                                             | ince, etc.                             | State or Country                                          |
| Home                                                                                                                                                         |                                                                                                                                                      |         | Birth                                         |                                           |                                 |                                        |                                                          |                                           |                                                                            |                                        |                                                           |
| Interview                                                                                                                                                    |                                                                                                                                                      |         | Chr'nd                                        | 7                                         |                                 |                                        |                                                          |                                           |                                                                            |                                        |                                                           |
| Military                                                                                                                                                     |                                                                                                                                                      |         | Death                                         |                                           |                                 |                                        |                                                          |                                           |                                                                            |                                        |                                                           |
| Obituary                                                                                                                                                     |                                                                                                                                                      |         | Burial                                        |                                           |                                 |                                        |                                                          |                                           | *                                                                          |                                        |                                                           |
| Tombstone                                                                                                                                                    |                                                                                                                                                      |         | Places o                                      | f Resid                                   | ence                            |                                        |                                                          |                                           |                                                                            |                                        |                                                           |
| □Vital Record                                                                                                                                                |                                                                                                                                                      |         | Occupati                                      |                                           | chee                            |                                        | Church Affil                                             | lation                                    | М                                                                          | ilitary                                | Rec.                                                      |
| Other                                                                                                                                                        |                                                                                                                                                      |         | Father                                        |                                           |                                 |                                        |                                                          | fother                                    |                                                                            | ,                                      |                                                           |
| Original: Certified Copy: Reco                                                                                                                               | rded Copy                                                                                                                                            |         | Сору                                          | verbatu                                   | m on thi                        | s form t                               | he informa-                                              | from                                      | all sources,                                                               | you ma                                 | ay easily make                                            |
| Transcribed Copy: Extract:                                                                                                                                   |                                                                                                                                                      |         | tion you                                      | find i                                    | in the v                        | arious                                 | records or                                               | compa                                     | risons of stat                                                             | ements                                 | , judge value of<br>lata on a perma-                      |
|                                                                                                                                                              |                                                                                                                                                      | 117     | DOURD W                                       | ,,,,,,                                    | · , · · ·                       | Cocure                                 | ur ( Aon mitt                                            | caci,                                     | and record co                                                              |                                        |                                                           |
|                                                                                                                                                              | written:                                                                                                                                             | Printed | find diff<br>arate sh                         | erences<br>eet for                        | s in rec                        | ords.) Nearch or                       | Make a sep-<br>each name                                 | nent for                                  | orm such as<br>exth Edition                                                | Al, FI<br>THE H                        | F3 or F6. See                                             |
| ☐ Photo Copy: ☐ Handwritten: ☐ Type                                                                                                                          | written:[                                                                                                                                            | Printed | find diff<br>arate sh<br>or famil             | erences<br>eet for<br>y on y              | s in rec<br>each se<br>our line | ords.) Nearch or<br>found i            | Make a sep-<br>each name<br>in a search.                 | nent for<br>The Si<br>GENE                | orm such as<br>exth Edition                                                | Al, FI<br>THE HO<br>addition           | , F3 or F6. See<br>OW BOOK FOR<br>onal suggestions        |
| Photo Copy: Handwritten: Type                                                                                                                                | Children's                                                                                                                                           | Printed | find diff<br>arate sh<br>or famil             | erences<br>eet for<br>ly on y<br>ter info | s in rec<br>each se<br>our line | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search.                 | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)                                                          |                                                                                                                                                      | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| □ Photo Copy: □ Handwritten: □ Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1 Conrad                                          | Children's                                                                                                                                           | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)                                                          | Children's<br>Bata<br>Birth                                                                                                                          | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| □ Photo Copy: □ Handwritten: □ Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1 Conrad                                          | Birth                                                                                                                                                | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| □ Photo Copy: □ Handwritten: □ Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1 Conrad                                          | Birth Mar. Death                                                                                                                                     | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1  Covrad  Full name of spouse*                         | Birth Mar. Death Burial                                                                                                                              | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1  Covrad  Full name of spouse*                         | Birth Mar. Death Burial                                                                                                                              | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1  Covad  Full name of spouse*                          | Birth Mar. Death Burial Birth Mar. Death                                                                                                             | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1  Covad  Full name of spouse*                          | Birth Mar. Death Burial Birth Mar.                                                                                                                   | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1  Full name of spouse*  2  Full name of spouse*        | Birth Mar. Death Burial Birth Mar. Death Burial Birth Mar. Death                                                                                     | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1  Full name of spouse*  2  Full name of spouse*        | Birth Mar. Death Burial Birth Mar. Death Burial Birth Mar. Death Burial Birth Mar.                                                                   | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1  Covad  Full name of spouse*  2  Full name of spouse* | Birth Mar. Death Burial Birth Mar. Death Burial Birth Mar. Death Burial Borth Burial Borth Burial                                                    | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1  Covad  Full name of spouse*  2  Full name of spouse* | Birth Mar. Death Burial Birth Mar. Death Burial Birth Mar. Death Burial Birth Burial Birth Burial Birth Mar. Death Burial                            | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1 Corrad  Full name of spouse*  2  Full name of spouse* | Birth Mar. Death Burial Birth Mar. Death Burial Birth Mar. Death Burial Birth Mar. Burial Birth Mar. Death Birth                                     | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1 Corrad  Full name of spouse*  2  Full name of spouse* | Birth Mar. Death Burial Birth Mar. Death Burial Birth Mar. Death Burial Birth Mar. Death Birth Mar. Death Address Birth Mar. Death Burial Birth Mar. | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |
| Photo Copy: Handwritten: Type  Legibility  Sex Children's names in full (Arrange in order of birth)  1 Connad  Full name of spouse*  2  Full name of spouse* | Birth Mar. Death Burial Birth Mar. Death Burial Birth Mar. Death Burial Birth Mar. Burial Birth Mar. Death Birth                                     | Printed | find diff<br>arate sh<br>or famil<br>Then, af | erences<br>eet for<br>ly on y<br>ter info | each se<br>our line<br>ormation | ords.) Nearch or<br>found in<br>has be | Make a sep-<br>each name<br>in a search,<br>en extracted | nent for<br>The Singer<br>GENEA<br>regard | orm such as exth Edition and ALOGISTS for ling the use of State or Country | Al, FI<br>THE HO<br>addition<br>this s | F3 or F6. See<br>OW BOOK FOR<br>onal suggestions<br>heet. |

DATA WORK SHEET (For recording genealogical information as it is gathered from various sources.) Enclosure No. Name of Subject Subject's City, Town or Place Day Printed Record State or Country Vol. Page Location Birth Document Dated Recorded Chr'nd Who controls or has record? Check source or type of the cord and describe. Mar. Death Census Burial It Lukes Church Places of Residence Correspondence Occupation Church Affiliation Military Rec. Father Mother Deed Name of Spouse County or Province, etc. Spouse's City, Town or Place History State or Country Home Birth Interview Chr'nd Military Death Obituary Burial Tombstone Places of Residence Uital Record Church Affiliation Military Rec. Occupation Other Mother Father Copy verbatum on this form the informa- from all sources, you may easily make Original: Certified Copy: Recorded Copy: tion you find in the various records or comparisons of statements, judge value of books as you do your research. (You will each, and record correct data on a perma-Transcribed Copy: Extract: Photo Copy: Handwritten: Typewritten: Printed arate sheet for each search or each name The Sixth Edition THE HOW BOOK FOR or family on your line found in a search. GENEALOGISTS for additional suggestions Then, after information has been extracted regarding the use of this sheet. City, Town or Place County or Province, etc. State or Country Children's names in full (Arrange in order of birth) Day Elizabeth Birth Full name of spouse Death Burial 2 Birth Mar. Full name of spouse\* Death Burial 3 Birth Mar. Full name of spouse Death Burial 1 Birth Mar. Full name of spouse\* Death

"If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use space below or reverse side for additional children, other notes, references or information.

John albert Father HUSBAND Mother Born Flourished Married Died Buried Other Marriages Father Christina WIFE Mother Born Flourished Died Buried Other Marriages John Michalas CHILDREN NAMES OF SPOUSES DATA DAY MONTH YEAR TOWN/CITY COUNTY/PROVINCE STATE/COUNTRY SEX EBU-川民川® Post Office Box 6335 Santa Ana, California 92706 Mo. 1766 19 Ja 1767 Born Married Died 2 Born Married Died 3 Born Married Died 4 Born Married Died 5 Born Married Died 6 Born Married Died 7 Born Married Died 8 Born Married Died 9 Born Married Died 10 Born Married Died 11 Born Married Died 12 Born Married Died FAMILY GROUP RECORD BIOGRAPHICAL DATA

FORM 1-C

© Copyright 1973 —

SOURCES OF INFORMATION

COMPILER OF RECORD

MISCELL ANEOUS

© Copyright 1973 — EBD-MED ® Post Office Box 6335 Santa Ana, California 92706

| HUSBAND<br>Born | 0        |         | las Bauca      |                       | Mother              |                 |
|-----------------|----------|---------|----------------|-----------------------|---------------------|-----------------|
| Flourished      |          |         |                |                       |                     |                 |
| Married         |          |         |                |                       |                     |                 |
| Died            |          |         |                |                       |                     |                 |
| Buried          |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
| Other Marriages |          |         |                | T                     |                     |                 |
| WIFE            | Elisah   | 10      |                |                       | Father              |                 |
|                 | Caron    |         |                |                       | Mother              |                 |
| Born            |          |         |                |                       |                     |                 |
| Flourished      |          |         |                |                       |                     |                 |
| Died            |          |         |                |                       |                     |                 |
| Buried          |          |         |                |                       |                     |                 |
| Other Marriages |          |         |                |                       |                     |                 |
| SEX             | CHILDREN | DATA    | DAY MONTH YEAR | TOWN/CITY COUNTY/PROV | VINCE STATE/COUNTRY | NAMES OF SPOUSE |
| 1               |          | Born    | 5 Qa 1760      |                       |                     | Pet 3.          |
|                 |          | Married | 7              |                       |                     | Joseph Hebl     |
|                 |          | Died    |                |                       |                     | Fra Backon C.   |
| 2               |          |         |                |                       |                     | Com Brew or Ans |
| -               |          | Born    |                |                       |                     |                 |
|                 |          | Married |                |                       |                     |                 |
| 2               |          | Died    |                |                       |                     |                 |
| 3               |          | Born    |                |                       |                     |                 |
|                 |          | Married |                |                       |                     |                 |
|                 |          | Died    |                |                       |                     |                 |
| 4               | ,        | Born    |                |                       |                     | +               |
|                 |          | Married |                |                       |                     |                 |
|                 |          | Died    |                |                       |                     |                 |
| 5               |          | Born    |                |                       |                     |                 |
|                 |          | Married |                |                       |                     |                 |
|                 |          | Died    |                |                       | 1                   |                 |
| 6               |          | Born    |                |                       |                     |                 |
| 0               |          |         |                |                       |                     |                 |
|                 |          | Married |                |                       |                     |                 |
|                 |          | Died    |                |                       |                     |                 |
| 7               |          | Born    |                |                       |                     |                 |
|                 |          | Married |                |                       |                     |                 |
|                 |          | Died    |                |                       |                     |                 |
| 8               |          | Born    |                |                       |                     |                 |
|                 |          | Married |                |                       |                     |                 |
|                 |          | Died    |                |                       |                     |                 |
| 9               |          | Born    |                |                       |                     |                 |
|                 |          | Married |                |                       |                     |                 |
|                 |          | Died    |                |                       |                     |                 |
| 10              |          |         |                |                       |                     |                 |
| 10              |          | Born    |                |                       |                     |                 |
|                 |          | Married |                |                       |                     |                 |
|                 |          | Died    |                |                       |                     |                 |
| 11              |          | Born    |                |                       |                     |                 |
|                 |          | Married |                |                       |                     |                 |
|                 |          | Died    |                |                       |                     |                 |
| 12              |          | Born    |                |                       |                     |                 |
|                 |          | Married |                |                       |                     |                 |
|                 |          | Died    |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                | BIOGRAPHICAL DATA     |                     | T               |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |
|                 |          |         |                |                       |                     |                 |

Jacob albert Father HUSBAND Mother Born Flourished Married Died Buried Other Marriages Father Christina WIFE Mother Born Flourished Died Buried Other Marriages TOWN/CITY COUNTY/PROVINCE STATE/COUNTRY
Christ Link Ch (Spoughburg Sp. SEX CHILDREN DATA DAY MONTH YEAR FCO-VIEW®
Post Office Box 6335
Santa Ana, California 92706 1 Born morgaret Catharins morgaret Flyabeth Married Died 10 MF 1758 Born Christopher Knochel + Wf 25 Sq John Kurtz Married Died Born Married Died Born Wash Ce 1780 No Married Died 5 Born Married Died 6 Born Married Died Born Married Died 8 Born Married Died 9 Born Married Died 10 Born Married Died 11 Born Married Died 12 Born Married Died FAMILY GROUP RECORD BIOGRAPHICAL DATA

Copyright 1973

SOURCES OF INFORMATION

COMPILER OF RECORD

MISCELLANEOUS

om 14 Spills Dall

DATA WORK SHEET (For recording genealogical information as it is gathered from various sources.) Search No. Enclosure No. michael Ha Name of Subject Subject's Printed Record Day Month City, Town or Place Location (2 Vol. Page Birth Recorded Document Dated Chr'nd Who controls or has record? eck source or type record and describe. Mar. Bible Death Census Burial Church Places of Residence Se ☐ Court Correspondence Occupation Church Affiliation Military Rec. Father Mother Deed Name of Spouse Spouse's Data History City, Town or Place County or Province, etc. State or Country □<sub>Home</sub> Birth □ Interview Chr'nd □<sub>Military</sub> Death Obituary Burial Tombstone Places of Residence Uvital Record Occupation Church Affiliation Military Rec. Other Father Copy verbatum on this form the informa- from all sources, you may easily make tion you find in the various records or comparisons of statements, judge value of Original: Certified Copy: Recorded Copy: books as you do your research. (You will each, and record correct data on a perma-☐ Transcribed Copy: ☐ Extract: find differences in records.) Make a sep-nent form such as A1, F1, F3 or F6. See

Photo Copy: Handwritten: Typewritten: Printed arate sheet for each search or each name The Sixth Edition THE HOW BOOK FOR or family on your line found in a search. GENEALOGISTS for additional suggestions Then, after information has been extracted regarding the use of this sheet. Legibility City, Town or Place County or Province, etc. State or Country Day Sex Children's names in full (Arrange in order of birth) No 1763 Birth Mar. Full name of spouses Death Burial 2 Birth Mar. Full name of spouse\* Death Burial 3 Birth Mar. Full name of spouse\* Death Burial Birth Mar. Full name of spouse\* Death Burial

"If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use space below or reverse side for additional children, other notes, references or information.

|                      | ATA WORK SHE Search No. En                           | ET (                     |               | Name              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nation a   | s it is gathe      | red fro    | necht              | ources.)   |                                     |
|----------------------|------------------------------------------------------|--------------------------|---------------|-------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|------------|--------------------|------------|-------------------------------------|
| Pı                   | rinted Record                                        |                          |               | Subject's<br>Data | Day       | Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Year       | City, Town or      | Place      | County or Provi    | nce, etc.  | State or Country                    |
|                      | Vol. Page Location                                   |                          |               | Birth             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      | Document Dated Records                               | ed                       |               | Chr'nd            |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
| e 'e                 | Who controls<br>or has record?                       |                          |               | Mar.              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
| scrit                | □Bible                                               |                          |               | Death             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
| de                   | Census                                               |                          |               | Burial            |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
| d an                 | Church Staukes                                       |                          |               | Places o          | f Resid   | dence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •          |                    |            |                    |            |                                     |
| record and describe. | Correspondence                                       |                          |               | Occupati          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Church Affil       | iation     | N                  | lilitary   | Rec.                                |
| of rece              | Court                                                |                          |               | Father            | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    | Mother     | -                  |            |                                     |
|                      | Deed                                                 |                          |               | Name              | of Sn     | ouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11         | rista              | 1          |                    |            |                                     |
|                      | History                                              |                          |               | Spouse's<br>Data  | Day       | Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Year       | City, Town or      | Place      | County or Prov     | ince, etc. | State or Country                    |
|                      | Home                                                 |                          |               | Birth             |           | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                    | -          |                    |            |                                     |
|                      | Interview                                            |                          |               | Chr'nd            |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      |                                                      |                          |               |                   | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      | □ Military                                           | _                        | -             | Death             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    | -          |                    |            | *********                           |
|                      | Obituary                                             | -                        | -             | Burial            |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | l                  |            |                    |            |                                     |
|                      | Tombstone                                            |                          |               | Places o          | f Resid   | dence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | -                  | 101.94     |                    | TWEE T     |                                     |
|                      | Uvital Record                                        |                          |               | Occupati          | on        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Church Affil       | iation     | М                  | ilitary    | Rec.                                |
|                      | Other                                                |                          |               | Father            |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *          |                    | Mother     |                    |            |                                     |
|                      | Original: Certified Copy: Reco                       | rded Cop                 | y:            | tion you          | find      | in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | arious     | records or         | compa      | risons of sta      | ements     | ay easily make<br>s, judge value of |
|                      | Transcribed Copy: Extract:                           |                          |               | find diff         | erence    | s in rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ords.\ N   | Make a sen-        | nent f     | orm such as        | Al. FI     | ata on a perma-<br>F3 or F6. See    |
|                      | ☐ Photo Copy: ☐ Handwritten: ☐ Type                  | written:[                | Printed       | arate sh          | eet for   | each se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | earch or   | each name          | The S      | ixth Edition       | THE H      | OW BOOK FOR onal suggestions        |
| Le                   | gibility                                             |                          |               | Then, af          | ter inf   | ormatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | n has be   | en extracted       | regard     | ding the use o     | f this s   | heet.                               |
| Sex                  | Children's names in full (Arrange in order of birth) | Children's               | Day           | Month Ye          |           | ty, Town or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Place      | County or Provin   | ce, etc.   | State or Country   | 4.1        | nfo. on children                    |
|                      | Eva                                                  | Birth                    | 29            | Sp 178            | 7         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            | rich                                |
|                      | Full name of spouse*                                 | Mar.                     |               |                   | -         | والمنتسب                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                    |            |                    | me         | ch Eva                              |
|                      | 1 21 21 3 3 3 3 3                                    | Death                    |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    | 200        | Oc 1789                             |
|                      |                                                      | Burial                   |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    | -          |                    |            |                                     |
|                      | 2                                                    | Birth                    |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      |                                                      | Mar.                     |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      | Full name of spouse*                                 | Death                    |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      |                                                      | Burial                   |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      | 3                                                    | Birth                    |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      |                                                      | Mar.                     |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      | Full name of spouse*                                 | Death                    |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      |                                                      |                          |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      | 4                                                    | Burial                   |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      | ÷1                                                   | Birth                    |               |                   | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      | Full name of spouse*                                 | Mar.                     |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      |                                                      | Death                    |               |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |            |                    |            |                                     |
|                      | *If married more than once No. each mar. (1) (2) et  | Burial<br>c. and list in | "Add. info. o | n children* co    | olumn. Us | e space bel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ow or reve | rse side for addit | ional chil | dren, other notes, | references | or information.                     |
|                      |                                                      |                          |               |                   |           | and the same of th |            |                    |            |                    |            |                                     |

| FAMILY GROUP No                                         |                    | Husband's F                                               | uli Name            | Ulan J                   | woo              |                        |
|---------------------------------------------------------|--------------------|-----------------------------------------------------------|---------------------|--------------------------|------------------|------------------------|
| This Information Obtained From:                         | Husband's<br>Data  | Day Month Year                                            | City, Town or Place | County or Province, etc. | State or Country | Add, Info, on Husband  |
| St Luke's                                               | Birth              |                                                           |                     |                          |                  |                        |
|                                                         | Chr'nd             |                                                           |                     |                          |                  |                        |
|                                                         | Mar.               |                                                           |                     |                          |                  |                        |
|                                                         | Death              |                                                           |                     |                          |                  |                        |
|                                                         | Burial             |                                                           |                     |                          |                  |                        |
|                                                         | Places             | of Residence                                              |                     |                          |                  |                        |
|                                                         | Occupa             | ition                                                     | Church Affili       | ation                    | Military Rec.    |                        |
|                                                         | Other wiv          | es, if any. No. (1) (2) etc.<br>arate sheet for each mar. |                     |                          |                  |                        |
|                                                         | His Fa             |                                                           |                     | Mother's Maiden Na       | me               |                        |
|                                                         |                    |                                                           |                     | ۸ ۲ .                    | J.               |                        |
|                                                         | 1                  | Wife's Full                                               | Maiden Nam          | e Catherin               | in               |                        |
|                                                         | Wife's<br>Data     | Day Month Year                                            | City, Town or Place | County or Province, etc. | State or Country | Add. Info. on Wife     |
|                                                         | Birth              |                                                           |                     |                          |                  |                        |
|                                                         |                    |                                                           |                     |                          |                  |                        |
|                                                         | Chr'nd             |                                                           |                     |                          |                  |                        |
|                                                         | Death              |                                                           |                     |                          |                  |                        |
|                                                         | Burial             | ( D )                                                     |                     |                          |                  |                        |
| Compiler                                                |                    | of Residence                                              | 5                   |                          |                  |                        |
| Address                                                 | Occupa             | tion if other than                                        | Housewife           | Church Affili            | ation            |                        |
| City, State                                             |                    | bands, if any. No. (1) (2) earate sheet for each mar.     | ac.                 |                          |                  |                        |
| Date                                                    | Her Fa             | ther                                                      |                     | Mother's Maiden Na       | me               |                        |
| Children's Names in Full<br>(Arrange in order of birth) | Children's<br>Data | Day Month Year                                            | City, Town or Place | County or Province, etc. | State or Country | Add. Info. on Children |
| (A) 51                                                  | Birth              | 70 M2 1781                                                |                     |                          |                  | Hours Parls            |
| Henrich                                                 |                    | 20,-1181                                                  |                     |                          |                  | Call of                |
| Full Name of Spouse*                                    | Mar.               |                                                           |                     |                          |                  | marken                 |
| \                                                       | Death              |                                                           |                     |                          |                  | C 40 1781              |
| 2                                                       | Burial             | 112 1269                                                  |                     |                          |                  | 200                    |
| Eva                                                     | Birth              | 11 ho 1789                                                |                     |                          |                  | 26 De 178              |
|                                                         | Mar.               |                                                           |                     |                          |                  | Hen mou                |
| Full Name of Spouse*                                    | Death              |                                                           |                     |                          |                  | 200                    |
|                                                         | Burial             |                                                           |                     |                          |                  |                        |
| 3                                                       | Birth              |                                                           |                     |                          |                  |                        |
|                                                         | Mar.               |                                                           |                     |                          |                  |                        |
| Full Name of Spouse*                                    | Death              |                                                           |                     |                          |                  |                        |
|                                                         | Burial             |                                                           |                     |                          |                  |                        |
| 4                                                       | Birth              |                                                           |                     |                          |                  |                        |
|                                                         | Mar.               |                                                           |                     |                          |                  |                        |
| Full Name of Spouse*                                    | Death              |                                                           |                     |                          |                  |                        |
|                                                         | Burial             |                                                           |                     |                          |                  |                        |
| 5                                                       | Birth              |                                                           |                     |                          |                  |                        |
|                                                         | Mar.               |                                                           |                     |                          | <del></del>      |                        |
| Full Name of Spouse*                                    | Death              |                                                           |                     |                          |                  |                        |
|                                                         | Burial             |                                                           |                     |                          |                  |                        |
|                                                         | 1                  |                                                           |                     |                          |                  |                        |
| 3                                                       | Birth              |                                                           |                     |                          |                  |                        |
| Full Name of Course                                     | Mar.               |                                                           |                     |                          |                  |                        |
| Full Name of Spouse*                                    | Death              |                                                           |                     |                          |                  |                        |
|                                                         | Burial             |                                                           |                     |                          |                  |                        |
| 7                                                       | Birth              |                                                           |                     |                          |                  |                        |
|                                                         | Mar.               |                                                           |                     |                          |                  |                        |
| Full Name of Spouse*                                    | Death              |                                                           |                     |                          |                  |                        |
|                                                         | Burial             |                                                           | 1                   |                          |                  |                        |
| 3                                                       | Birth              |                                                           |                     |                          |                  |                        |
|                                                         | Mar.               |                                                           |                     |                          |                  |                        |
| Full Name of Spouse*                                    | Death              |                                                           |                     |                          |                  |                        |
|                                                         | Burial             | 1                                                         |                     |                          |                  |                        |
| 9                                                       | Birth              |                                                           |                     |                          |                  |                        |
| 9                                                       | Mar.               |                                                           |                     |                          |                  |                        |
|                                                         | F.ILL.             |                                                           |                     |                          |                  |                        |
| Full Name of Spouse*                                    | Death              |                                                           |                     |                          |                  | -                      |
| Full Name of Spouse*                                    | Death              |                                                           |                     |                          |                  |                        |
|                                                         | Buria              |                                                           |                     |                          |                  | -                      |
| Full Name of Spouse*                                    | Buria<br>Birth     |                                                           |                     |                          |                  |                        |
|                                                         | Buria              |                                                           |                     |                          |                  |                        |

|             | FAMILY GROUP No                 |                        |                                                           |                     | - MANAGEMENT             | Stieg            |                      |
|-------------|---------------------------------|------------------------|-----------------------------------------------------------|---------------------|--------------------------|------------------|----------------------|
|             | This Information Obtained From: | Husband's<br>Data      | Day Month Year                                            | City, Town or Place | County or Province, etc. | State or Country | Add. Info. on Husban |
|             | St Luke i                       | Birth                  |                                                           |                     |                          |                  |                      |
|             |                                 | Chr'nd                 |                                                           |                     |                          |                  |                      |
|             |                                 | Mar.                   |                                                           |                     |                          |                  |                      |
|             |                                 | Death                  |                                                           |                     |                          |                  |                      |
|             |                                 | Burial                 |                                                           |                     |                          |                  |                      |
|             |                                 |                        | of Residence                                              |                     |                          |                  |                      |
|             |                                 | Occupa                 |                                                           | Church Affil        | iation                   | Military Rec.    |                      |
|             |                                 | Make sep               | es, if any. No. (1) (2) etc.<br>arate sheet for each mar. |                     |                          |                  |                      |
|             |                                 | His Fa                 | ther                                                      |                     | Mother's Maiden Nar      | ne               |                      |
| de.         |                                 |                        |                                                           |                     | 11/1-1                   |                  |                      |
| cal al      |                                 | Wife's                 | Wife's Full I                                             |                     |                          | na               | 1                    |
| ealogi      |                                 | Data                   | Day Month Year                                            | City, Town or Place | County or Province, etc. | State or Country | Add. Info. on Wife   |
| iy gen      |                                 | Birth                  |                                                           |                     |                          |                  |                      |
| of ma       |                                 | Chr'nd                 |                                                           |                     |                          |                  |                      |
| Buch        |                                 | Death                  |                                                           |                     |                          |                  |                      |
| Pacrip      |                                 | Burial                 |                                                           |                     |                          |                  |                      |
| and full de | Compiler                        | Places                 | of Residence                                              |                     |                          |                  |                      |
| e and       | Address                         | Occupa                 | tion if other than                                        | Housewife           | Church Affilia           | ation            |                      |
| th Ust      | City, State                     | Other hus              | bands, if any. No. (1) (2) earate sheet for each mar.     | tc.                 |                          |                  |                      |
| *           | Date                            | Her Fa                 |                                                           |                     | Mother's Maiden Na       | me               |                      |
| x           | Children's Names in Full        | Children's             |                                                           | City Town or Place  | County on Browless ats   | State or Country | Add. Info. on Childr |
| :X          | (Arrange in order of birth)     | Data                   | Day Month Year                                            | City, Town or Place | County or Province, etc. | State or Country | Add. Into, on Childr |
|             | 1 6                             | Birth                  | 24 Sp /7/2                                                |                     |                          |                  | 10 00 177            |
|             | coa                             | Mar.                   |                                                           |                     |                          |                  | New mor              |
|             | Full Name of Spouse*            | Death                  |                                                           |                     |                          |                  | x Elva               |
|             |                                 | Burial                 |                                                           |                     |                          |                  |                      |
|             | 2 1 1 1                         | Birth                  | 24 Ja1777                                                 |                     |                          |                  | 26,00-177            |
|             | Johannes                        | Mar.                   | 0                                                         |                     |                          |                  | Jakennes             |
|             | Full Name of Spouse*            | Death                  |                                                           |                     |                          | 0                | neet on              |
| -           |                                 | Burial                 |                                                           |                     |                          |                  | anni me              |
|             | 3                               | Birth                  |                                                           |                     |                          |                  |                      |
|             | 0                               | Mar.                   |                                                           |                     |                          |                  |                      |
|             | Full Name of Spouse*            | Death                  |                                                           |                     |                          |                  |                      |
|             | 1                               | Burial                 |                                                           |                     |                          |                  |                      |
|             | 4                               | Birth                  |                                                           |                     |                          |                  |                      |
|             | 1                               | Mar.                   |                                                           |                     |                          |                  |                      |
|             | Full Name of Spouse*            | Death                  |                                                           |                     |                          |                  |                      |
|             | 1                               | Burial                 |                                                           |                     |                          |                  |                      |
|             | F                               |                        |                                                           |                     |                          |                  |                      |
|             | 5                               | Birth                  |                                                           |                     |                          |                  |                      |
|             | Full Name of Spouse*            | Mar.<br>Death          |                                                           |                     |                          |                  |                      |
|             | Turi Hairie or Spouse           |                        |                                                           |                     |                          |                  |                      |
| _           |                                 | Burial                 |                                                           |                     |                          |                  |                      |
|             | 6                               | Birth                  |                                                           | -                   |                          |                  |                      |
|             | E.W.                            | Mar.                   |                                                           |                     |                          |                  |                      |
|             | Full Name of Spouse*            | Death                  |                                                           | -                   |                          |                  |                      |
|             | - at-                           | Burial                 |                                                           |                     |                          |                  | -                    |
|             | 7                               | Birth                  |                                                           |                     |                          |                  |                      |
|             |                                 | Mar.                   |                                                           |                     |                          |                  |                      |
|             | Full Name of Spouse*            | Death                  |                                                           |                     |                          |                  |                      |
|             |                                 | Burial                 |                                                           |                     |                          |                  |                      |
| -           | 8                               | Birth                  |                                                           |                     |                          |                  |                      |
|             |                                 | Mar.                   |                                                           |                     |                          |                  |                      |
|             | Full Name of Spouse*            | Death                  |                                                           |                     |                          |                  |                      |
|             |                                 | Burial                 |                                                           |                     |                          |                  |                      |
|             | 9                               | Birth                  |                                                           | 1                   |                          |                  |                      |
|             |                                 | Mar.                   |                                                           |                     |                          |                  |                      |
|             | Full Name of Spouse*            | Death                  |                                                           |                     | -                        |                  |                      |
|             |                                 | Burial                 |                                                           |                     |                          |                  |                      |
|             |                                 | -                      |                                                           |                     |                          |                  | -                    |
| -           | 10                              | Dinth                  |                                                           |                     |                          |                  |                      |
|             | 10                              | Birth                  |                                                           |                     |                          |                  |                      |
|             | Full Name of Spouse*            | Birth<br>Mar.<br>Death |                                                           |                     |                          |                  |                      |

|         | AMILY GROUP No is Information Obtained From:        | Husband's<br>Data   | Day Month Year                                                           | City, Town or Place | County or Province, etc. | State or Country | Add. Info. on Husban |
|---------|-----------------------------------------------------|---------------------|--------------------------------------------------------------------------|---------------------|--------------------------|------------------|----------------------|
| -       | It Luke n                                           | Birth               |                                                                          |                     | V                        |                  | -                    |
|         | Sic our !                                           | Chr'nd              |                                                                          |                     |                          |                  |                      |
| _       |                                                     | Mar.                |                                                                          |                     |                          |                  |                      |
| _       |                                                     | Death               |                                                                          |                     |                          |                  |                      |
| _       |                                                     |                     |                                                                          |                     |                          |                  |                      |
| _       |                                                     | Burial              |                                                                          |                     |                          |                  |                      |
| _       |                                                     |                     | of Residence                                                             | Church Affili       | ation                    | Marie D          |                      |
| _       |                                                     | Occupa              |                                                                          | Church Affili       | ation                    | Military Rec.    |                      |
|         |                                                     |                     | es, if any. No. (1) (2) etc.<br>arate sheet for each mar.                |                     |                          |                  |                      |
|         |                                                     | His Fa              | ther                                                                     |                     | Mother's Maiden Nar      | ne               |                      |
| 2       |                                                     |                     |                                                                          |                     |                          |                  |                      |
|         |                                                     | Wife's              | Wife's Full                                                              | <u>Maiden Nam</u>   | e                        |                  |                      |
|         |                                                     | Data                | Day Month Year                                                           | City, Town or Place | County or Province, etc. | State or Country | Add. Info. on Wife   |
|         |                                                     | Birth               |                                                                          |                     |                          |                  |                      |
|         |                                                     | Chr'nd              |                                                                          |                     |                          |                  |                      |
| _       |                                                     | Death               |                                                                          |                     |                          |                  |                      |
| -       |                                                     | Burial              |                                                                          |                     |                          |                  |                      |
| <u></u> | mnilon                                              |                     | of Residence                                                             |                     |                          |                  | V                    |
|         | mpiler                                              |                     |                                                                          | Hanamita            | Church Assitt            | 197.0            |                      |
| -       | Idress                                              | Occupa<br>Other hus | tion if other than bands, if any. No. (1) (2) earate sheet for each mar. | Housewire           | Church Affilia           | ation            |                      |
| Ci      | ty, State                                           |                     |                                                                          |                     | M. W. J. M. C. S.        |                  |                      |
| Da      |                                                     | Her Fa              | ther                                                                     |                     | Mother's Maiden Na       | me               |                      |
|         | ildren's Names in Full<br>trange in order of birth) | Children's<br>Data  | Day Month Year                                                           | City, Town or Place | County or Province, etc. | State or Country | Add. Info. on Childr |
| 1       | , ,/                                                | Birth               | 12001774                                                                 |                     |                          |                  | Huntick              |
| _       | Katthria                                            | Mar.                | 1290111                                                                  |                     |                          | 7                | moras                |
|         | Full Name of Spouse*                                |                     |                                                                          |                     |                          |                  | Fun Mong             |
|         |                                                     | Death               |                                                                          |                     |                          |                  | wa meny              |
| _       |                                                     | Burial              |                                                                          |                     |                          |                  |                      |
| 2       |                                                     | Birth               |                                                                          |                     |                          |                  |                      |
|         | Full Name of Spouse*                                | Mar.                |                                                                          |                     |                          |                  |                      |
|         | run Name of Spouse                                  | Death               |                                                                          |                     |                          |                  |                      |
|         |                                                     | Burial              |                                                                          |                     |                          |                  |                      |
| 3       |                                                     | Birth               |                                                                          |                     |                          |                  |                      |
|         |                                                     | Mar.                |                                                                          |                     |                          |                  |                      |
|         | Full Name of Spouse*                                | Death               |                                                                          |                     |                          |                  |                      |
|         |                                                     | Burial              |                                                                          |                     |                          |                  |                      |
| 4       |                                                     | Birth               |                                                                          |                     |                          |                  |                      |
| 1       |                                                     | Mar.                |                                                                          |                     |                          |                  |                      |
|         | Full Name of Spouse*                                | Death               |                                                                          |                     |                          |                  |                      |
|         |                                                     | Burial              |                                                                          |                     |                          |                  |                      |
| =       |                                                     |                     |                                                                          |                     |                          |                  |                      |
| 5       |                                                     | Birth               |                                                                          |                     |                          |                  |                      |
|         | Euli Name of Consuma                                | Mar.                |                                                                          |                     |                          |                  |                      |
|         | Full Name of Spouse*                                | Death               |                                                                          | 1                   |                          |                  |                      |
|         |                                                     | Burial              |                                                                          |                     |                          |                  |                      |
| 6       |                                                     | Birth               |                                                                          |                     |                          |                  |                      |
|         |                                                     | Mar.                |                                                                          |                     |                          |                  |                      |
|         | Full Name of Spouse*                                | Death               |                                                                          |                     |                          |                  |                      |
|         |                                                     | Burial              |                                                                          |                     |                          |                  |                      |
| 7       |                                                     | Birth               |                                                                          |                     |                          |                  |                      |
|         |                                                     | Mar.                |                                                                          |                     |                          |                  |                      |
| 1       | Full Name of Spouse*                                | Death               |                                                                          |                     |                          |                  |                      |
|         |                                                     | Burial              |                                                                          |                     |                          |                  |                      |
| 0       |                                                     |                     |                                                                          |                     |                          |                  |                      |
| 8       |                                                     | Birth               |                                                                          |                     |                          |                  |                      |
|         | Full Name of Spouse*                                | Mar.                |                                                                          |                     |                          |                  |                      |
|         | Hallis of Spoule                                    | Death               |                                                                          |                     |                          |                  | -                    |
|         |                                                     | Burial              |                                                                          |                     |                          |                  | -                    |
| 9       |                                                     | Birth               |                                                                          |                     |                          |                  |                      |
|         |                                                     | Mar.                |                                                                          |                     |                          |                  |                      |
| 1       | Full Name of Spouse*                                | Death               |                                                                          |                     |                          |                  |                      |
|         |                                                     | Burial              |                                                                          |                     |                          |                  |                      |
|         |                                                     |                     |                                                                          |                     |                          |                  |                      |
| 10      |                                                     | Birth               |                                                                          |                     |                          |                  |                      |
| 10      | 0                                                   | Birth<br>Mar.       |                                                                          |                     |                          |                  |                      |
| 10      | Full Name of Spouse*                                |                     |                                                                          |                     |                          |                  |                      |

|          | AMILY GROUP No is Information Obtained From: | Husband's<br>Data | Day Month Year                                             | City, Town or Place | County or Province etc.  | State or Country | Add. Info. on Husb |
|----------|----------------------------------------------|-------------------|------------------------------------------------------------|---------------------|--------------------------|------------------|--------------------|
|          |                                              | Birth             |                                                            |                     |                          |                  |                    |
|          |                                              | Chr'nd            |                                                            |                     |                          |                  |                    |
|          |                                              | Mar.              |                                                            |                     |                          |                  |                    |
| _        |                                              | Death             |                                                            |                     |                          |                  |                    |
|          |                                              | Burial            |                                                            |                     |                          |                  |                    |
| _        |                                              |                   | of Residence                                               |                     |                          |                  |                    |
| _        |                                              | Occupa            | tion                                                       | Church Affil        | iation                   | Military Rec.    |                    |
| _        |                                              |                   | es, if any. No. (1) (2) etc.<br>arate sheet for each mar.  |                     |                          | - <del></del>    |                    |
|          |                                              | His Fa            | ther                                                       |                     | Mother's Maiden Na       | me               |                    |
|          |                                              | 4.                | Wife's Full 1                                              | Moidon Nom          | a but                    | ・・・ナ             |                    |
| _        |                                              | Wife's<br>Data    | Day Month Year                                             | City, Town or Place | County or Province, etc. | State or Country | Add, Info, an Wife |
| _        |                                              | +                 | Day Wolan Tons                                             | City, Town of Table | County of 1 to the city  | State of Country | Acce pace on which |
| _        |                                              | Birth             |                                                            |                     |                          |                  |                    |
| _        |                                              | Chr'nd            |                                                            | -                   |                          |                  |                    |
| _        |                                              | Death             |                                                            |                     |                          |                  |                    |
|          | mpiler                                       | Burial            | of Residence                                               |                     |                          |                  | !                  |
|          |                                              |                   | tion if other than                                         | Housewife           | Church Affili            | etion            |                    |
|          | ldress<br>ty, State                          | Other hus         | bands, if any. No. (1) (2) earning the sheet (or each mar. | ac.                 | Charch Atti              | acton            |                    |
| Da       |                                              | Her Fa            |                                                            |                     | Mother's Maiden Na       | ıme              |                    |
| -7       | ildren's Names in Full                       | Children's        | <u> </u>                                                   | City, Town or Place | County or Province, etc. | State or Country | Add. Info. on Chil |
| (A)      | rrange in order of birth)                    | Data              | Day Month Year                                             | City, 10wh or Place | County of Province, etc. | State of Country | A4 2-              |
| 1        | Kerreia                                      | Birth             | 20 ga 1773                                                 |                     |                          |                  | Hen. Mb            |
| •        | Full Name of Spouse*                         | Mar.              |                                                            |                     | <del></del>              |                  | wa                 |
|          | run Name ut Spoose.                          | Death             |                                                            |                     | · <del></del>            |                  | 31-92-17           |
| _        |                                              | Burial            |                                                            |                     |                          |                  | <del></del>        |
| 2        |                                              | Birth             |                                                            |                     |                          |                  |                    |
|          | Full Name of Spouse*                         | Mar.              |                                                            |                     |                          |                  |                    |
|          | / m. rame a spease                           | Death             |                                                            | <del> </del>        | ·                        |                  |                    |
| _        |                                              | Burial            |                                                            | -                   |                          |                  | <del> </del>       |
| 3        |                                              | Birth             |                                                            |                     |                          |                  | <del> </del>       |
|          | Full Name of Spouse*                         | Mar.              |                                                            | <del> </del>        |                          |                  |                    |
|          | _                                            | Death<br>Burial   |                                                            | <del> </del>        |                          |                  |                    |
| 4        |                                              | Birth             |                                                            |                     |                          |                  | <del> </del>       |
| <b>T</b> |                                              | Mar.              | -                                                          |                     |                          |                  |                    |
|          | Full Name of Spouse*                         | Death             | <u> </u>                                                   |                     |                          |                  |                    |
|          | `                                            | Burial            | -                                                          |                     |                          |                  |                    |
| 5        |                                              | Birth             |                                                            |                     |                          |                  |                    |
|          |                                              | Mar.              |                                                            |                     |                          |                  |                    |
|          | Full Name of Spouse*                         | Death             |                                                            |                     |                          |                  |                    |
|          | `                                            | Burial            |                                                            |                     |                          |                  |                    |
| 6        |                                              | Birth             |                                                            |                     |                          |                  |                    |
|          | <u></u>                                      | Mar.              |                                                            |                     |                          |                  |                    |
|          | Full Name of Spouse*                         | Death             |                                                            |                     |                          |                  |                    |
| L        |                                              | Burial            |                                                            |                     |                          |                  |                    |
| 7        |                                              | Birth             |                                                            |                     |                          |                  |                    |
|          |                                              | Mar.              |                                                            |                     |                          |                  | 1                  |
|          | Full Name of Spouse*                         | Death             |                                                            |                     |                          |                  |                    |
|          |                                              | Burial            |                                                            |                     |                          |                  |                    |
| 8        | <del></del>                                  | Birth             |                                                            |                     |                          |                  | <del> </del>       |
|          |                                              | Mar.              |                                                            |                     |                          |                  | +                  |
|          | Full Name of Spouse*                         | Death             |                                                            | -                   |                          |                  | +                  |
| L        |                                              | Buria             | <u> </u>                                                   | ļ                   |                          |                  | <del> </del>       |
| 9        |                                              | Birth             |                                                            |                     |                          | <del></del>      | <b>_</b>           |
|          |                                              | Mar.              | <u> </u>                                                   |                     |                          |                  | -                  |
| ]        | Full Name of Spouse*                         | Death             | <u> </u>                                                   | <u> </u>            |                          |                  | <del></del>        |
| $\perp$  |                                              | Buria             |                                                            | ļ                   |                          |                  | <del></del>        |
| 10       | 0                                            | Birth             |                                                            | <u> </u>            |                          |                  | <del> </del>       |
|          |                                              | Mar.              |                                                            | 1                   |                          |                  | <u> </u>           |
|          | Full Name of Spouse*                         | Death             |                                                            |                     |                          |                  | l l                |

| FAMILY GROUP No                                         |                       | Husband's F                                             | ull Name                                         | garrich                               | mock                                               |                                                  |
|---------------------------------------------------------|-----------------------|---------------------------------------------------------|--------------------------------------------------|---------------------------------------|----------------------------------------------------|--------------------------------------------------|
| This Information Obtained From:                         | Husband's<br>Data     | Day Month Year                                          | City, Town or Place                              | County or Province, etc.              | State or Country                                   | Add. Info. on Husband                            |
| St Luker Ev Ch                                          | Birth                 |                                                         |                                                  |                                       | ·· - · - · - ·                                     |                                                  |
| Schrefferstour                                          | Chr'nd<br>Mar.        |                                                         |                                                  |                                       |                                                    |                                                  |
| 1 1/                                                    | Death                 |                                                         |                                                  | <del></del>                           |                                                    |                                                  |
|                                                         | Burial                |                                                         |                                                  |                                       |                                                    |                                                  |
|                                                         |                       | of Residence                                            | ·                                                |                                       |                                                    |                                                  |
|                                                         | Occupa                | tion                                                    | Church Affil                                     | iation                                | Military Rec.                                      |                                                  |
|                                                         | Other wiv<br>Make sep | res, if any. No. (1) (2) etc. arate sheet for each mar. |                                                  |                                       |                                                    |                                                  |
|                                                         | His Fa                | ther                                                    |                                                  | Mother's Maiden Na                    | me                                                 |                                                  |
|                                                         | ┛.                    |                                                         |                                                  |                                       | (0000                                              | . >)                                             |
|                                                         | Wife's<br>Data        | Wife's Full                                             | Vialden Nam<br>City, Town or Place               | County or Province, etc.              | State or Country                                   | Add, into, on Wife                               |
|                                                         | -                     | Day Month Year                                          | City, 10wn or Place                              | County of Province, etc.              | State or Country                                   | Add. Into. di wile                               |
|                                                         | Birth                 |                                                         |                                                  |                                       |                                                    |                                                  |
|                                                         | Chr'nd<br>Death       | <del></del>                                             | <del></del>                                      |                                       |                                                    |                                                  |
| <del></del>                                             | Burial                |                                                         |                                                  |                                       |                                                    |                                                  |
| Compiler                                                |                       | of Residence                                            | <u>'</u>                                         |                                       |                                                    | <del></del>                                      |
| Address                                                 |                       | tion if other than                                      | Housewife                                        | Church Affili                         | iation                                             |                                                  |
| City, State                                             | Other hus<br>Make sep | bands, if any. No. (1) (2) carate sheet (or each mar.   | tc.                                              |                                       |                                                    |                                                  |
| Date                                                    | Her Fa                |                                                         |                                                  | Mother's Maiden Na                    | ıme                                                |                                                  |
| Children's Names in Full<br>(Arrange in order of birth) | Children's<br>Data    | Day Month Year                                          | City, Town or Place                              | County or Province, etc.              | State or Country                                   | Add. Info. on Children                           |
| 10                                                      | Birth                 | 23 F. 1764                                              |                                                  |                                       |                                                    | 26 Fe 1764                                       |
| Catarina agata                                          | Mar.                  | 23.1.1.07                                               |                                                  |                                       |                                                    | Doannes Rees                                     |
| Full Name of Spouse*                                    | Death                 |                                                         |                                                  |                                       |                                                    | x arl                                            |
|                                                         | Burial                |                                                         |                                                  |                                       |                                                    | 8                                                |
| and bev.                                                | Birth                 | 25 Fe 1773                                              |                                                  |                                       |                                                    | 14 MW 177                                        |
| 901010                                                  | Mar.                  |                                                         |                                                  |                                       |                                                    | Deo moch                                         |
| Full Name of Spouse*                                    | Death                 |                                                         |                                                  |                                       |                                                    | Sophin                                           |
|                                                         | Burial                | 20 100                                                  |                                                  |                                       | · <del>- · · · · · · · · · · · · · · · · · ·</del> | (0 :===                                          |
| 3 Philip                                                | Birth                 | 39a 1777                                                |                                                  |                                       |                                                    | 6421771                                          |
| Full Name of Spouse®                                    | Mar.                  |                                                         |                                                  |                                       |                                                    | Gulip                                            |
| \                                                       | Death<br>Burial       |                                                         | <del> </del> -                                   |                                       |                                                    | mand                                             |
| 4                                                       | Birth                 |                                                         |                                                  |                                       |                                                    | my                                               |
| <b>.</b>                                                | Mar.                  |                                                         |                                                  |                                       |                                                    |                                                  |
| Full Name of Spouse*                                    | Death                 |                                                         |                                                  |                                       |                                                    |                                                  |
| `                                                       | Burial                |                                                         |                                                  |                                       |                                                    |                                                  |
| 5                                                       | Birth                 |                                                         |                                                  |                                       |                                                    |                                                  |
|                                                         | Mar.                  |                                                         |                                                  |                                       |                                                    |                                                  |
| Full Name of Spouse*                                    | Death                 |                                                         | <b></b>                                          |                                       |                                                    |                                                  |
|                                                         | Burial                | <u> </u>                                                | <u> </u>                                         | · · · · -                             |                                                    | <b> </b>                                         |
| 6                                                       | Birth                 | -                                                       |                                                  |                                       |                                                    | _                                                |
| Full Name of Spouse®                                    | Mar.                  |                                                         | <del> </del>                                     |                                       |                                                    | <del> </del>                                     |
| · un realise or Spouse-                                 | Death                 |                                                         | <del> </del>                                     |                                       |                                                    | +                                                |
| 7                                                       | Burial<br>Birth       | <del></del>                                             | <del> </del>                                     | ·                                     |                                                    | <del>                                     </del> |
| [*                                                      | Mar.                  | <del>                                     </del>        |                                                  |                                       | <del></del>                                        |                                                  |
| Full Name of Spouse*                                    | Death                 |                                                         | 1                                                |                                       | ··                                                 | <del> </del>                                     |
| `                                                       | Burial                |                                                         |                                                  |                                       |                                                    |                                                  |
| 8                                                       | Birth                 |                                                         |                                                  |                                       |                                                    |                                                  |
|                                                         | Mar.                  |                                                         |                                                  |                                       |                                                    |                                                  |
| Full Name of Spouse*                                    | Death                 |                                                         |                                                  |                                       |                                                    |                                                  |
|                                                         | Burial                |                                                         | ļ                                                |                                       |                                                    | <del> </del>                                     |
| 9                                                       | Birth                 |                                                         | ļ                                                |                                       |                                                    | <del> </del>                                     |
| Full Name of Spouse*                                    | Mar.                  |                                                         |                                                  | · · · · · · · · · · · · · · · · · · · |                                                    | -                                                |
| run rame or spouse-                                     | Death                 |                                                         | <del> </del>                                     |                                       |                                                    | -                                                |
| 10                                                      | Buria                 | l l                                                     | +                                                |                                       |                                                    | <del> </del>                                     |
| 10                                                      | Birth<br>Mar.         | <del> </del>                                            | <del>                                     </del> |                                       | <del></del>                                        |                                                  |
| Full Name of Spouse*                                    | Death                 |                                                         | +                                                |                                       |                                                    |                                                  |
|                                                         | Buria                 |                                                         |                                                  |                                       |                                                    |                                                  |
| olf married more than once No. each mar. (1)            | (2) etc. and          | i list in "Add. info. on chi                            | dren" column. Use rev                            | erse side for additional children     | , other notes, reference                           | es or information.                               |

| FAMILY GROUP No                          |               |                                  | Husb                                             | anc      | l's F        | ull Name                                         | Dear           |                      | cherch                   | <u> </u>                                         |
|------------------------------------------|---------------|----------------------------------|--------------------------------------------------|----------|--------------|--------------------------------------------------|----------------|----------------------|--------------------------|--------------------------------------------------|
| This Information Obtained From:          | $\neg \neg$   | Husband's<br>Data                | Day                                              | Month    | Year         | City, Town or Place                              | County o       | rovince, etc.        | State or Country         | Add. Info. on Husband                            |
|                                          | _             | Birth<br>Chr'nd                  |                                                  |          |              |                                                  |                |                      |                          |                                                  |
|                                          | $\dashv$      | Mar.                             |                                                  |          |              |                                                  |                |                      |                          |                                                  |
|                                          | -             | Death                            |                                                  |          |              |                                                  |                |                      |                          |                                                  |
|                                          | $\neg$        | Burial                           |                                                  | _        |              |                                                  |                | <del>.</del>         |                          |                                                  |
|                                          |               | Places                           | of Res                                           | ziden.   | CE           | <u> </u>                                         |                |                      |                          | <del></del>                                      |
| -                                        | $\overline{}$ | Occupa                           |                                                  | JIC. 11  |              | Church Affi                                      | lliation       |                      | Military Rec.            |                                                  |
|                                          |               | Other wiv                        |                                                  | No. (    | 1) (2) etc.  |                                                  |                |                      |                          |                                                  |
|                                          |               | His Fat                          |                                                  |          | <del></del>  | -                                                | Mother         | 's Maiden Na         | me                       |                                                  |
|                                          |               |                                  |                                                  |          |              |                                                  |                | 1 0                  |                          |                                                  |
|                                          |               | Wtfe's                           | Wife                                             | 's I     | rull ]       | <u>Maiden Nar</u>                                |                | Jalom                | <u> </u>                 |                                                  |
|                                          | _             | Data                             | Day                                              | Month    | Year         | City, Town or Place                              | County         | or Province, etc.    | State or Country         | Add. Info. on Wife                               |
|                                          |               | Birth                            |                                                  |          |              |                                                  |                |                      |                          |                                                  |
|                                          | $\neg$        | Chr'nd                           |                                                  |          |              |                                                  |                |                      |                          |                                                  |
|                                          |               | Death                            |                                                  |          |              |                                                  |                |                      |                          |                                                  |
|                                          | $\overline{}$ | Burial D                         | -5 P                                             |          |              | <u> </u>                                         |                |                      |                          | ·                                                |
| Compiler                                 | _             | Places                           |                                                  |          |              | Unanyifa                                         |                | Church Affili        |                          | <del>_</del> _                                   |
| Address<br>City, State                   |               | Occupa<br>Other hus<br>Make sepa | banda, if                                        | any. N   | o. (1) (2) c | Housewife                                        |                | Church Affili        | ation                    | <del></del>                                      |
|                                          |               | маке вера<br>Her Fa              |                                                  | et icr e | eren mar.    |                                                  | Mother         | 's Maiden Na         | me                       |                                                  |
| Date Children's Names in Full            | Tc            | hildren's                        |                                                  | <u> </u> | Vara         | City Term on Place                               |                |                      |                          | Add, Info. on Childre                            |
| (Arrange in order of birth)              |               | ata                              | Day                                              | Month    | Year         | City, Town or Place                              | County         | or Province, etc.    | State or Country         | Add. Into. on Children                           |
| Herrich                                  | - 1           | Birth                            |                                                  |          |              |                                                  |                |                      |                          |                                                  |
| Full Name of Spouse*                     | \             | Mar.                             |                                                  |          |              | <del> </del>                                     |                |                      |                          |                                                  |
| I'un name u opouse                       | \ I           | Death                            |                                                  |          |              | <del></del>                                      |                |                      |                          |                                                  |
|                                          |               | Burial                           | 9//                                              | 2        | 1778         | <del> </del>                                     |                |                      |                          | b/ souch                                         |
| Eva Christina                            |               | Birth<br>Mar.                    | Ø6 C                                             | ip,      | 1 1 10       | <del> </del>                                     | <del></del>    |                      |                          | mase                                             |
| Full Name of Spouse*                     | \ I           | Death                            |                                                  |          |              | -                                                |                |                      |                          | Sin                                              |
| •                                        | <b>\</b>      | <u>Burial</u>                    |                                                  |          |              |                                                  |                |                      |                          |                                                  |
| 3                                        |               | Birth                            |                                                  |          |              |                                                  |                | _                    |                          |                                                  |
| ,                                        |               | Mar.                             |                                                  |          |              |                                                  |                |                      |                          |                                                  |
| Full Name of Spouse®                     | \             | Death                            |                                                  |          |              |                                                  |                |                      |                          |                                                  |
|                                          | \ I           | Burial                           |                                                  |          |              |                                                  |                |                      |                          |                                                  |
| :                                        |               | Birth                            |                                                  |          |              |                                                  |                |                      |                          |                                                  |
|                                          |               | Mar.                             |                                                  |          |              |                                                  |                |                      |                          |                                                  |
| Full Name of Spouse*                     | •             | Death                            | <u> </u>                                         |          |              |                                                  |                |                      |                          |                                                  |
|                                          |               | Burial                           |                                                  |          |              | ļ                                                |                | <del>-</del> .       |                          | ļ                                                |
| 5                                        |               | Birth                            |                                                  |          |              | ļ                                                |                |                      |                          | ļ                                                |
| Euli Name of Course                      |               | Mar.                             |                                                  |          |              | 1                                                |                |                      |                          |                                                  |
| Full Name of Spouse*                     | /             | Death                            | <b>_</b>                                         |          |              |                                                  |                |                      |                          | <del> </del>                                     |
| ·                                        |               | Burial                           |                                                  |          | -            | -                                                | <u> </u>       |                      |                          | <del> </del>                                     |
|                                          |               | Birth                            | <del> </del>                                     |          |              |                                                  |                |                      |                          |                                                  |
| Full Name of Spouse®                     | \             | Mar.                             | -                                                |          |              | -                                                |                | <del></del>          |                          |                                                  |
| - <b>r</b>                               | /             | Death<br>Burial                  | <del>                                     </del> |          |              | <del> </del>                                     |                |                      |                          | <del>                                     </del> |
| 7                                        | <del>`</del>  | Birth                            | 1                                                |          |              | <del>                                     </del> |                |                      |                          |                                                  |
| 1                                        |               | Mar.                             | <b>†</b>                                         |          |              |                                                  |                |                      |                          | -                                                |
| Full Name of Spouse*                     | \             | Death                            | †                                                |          |              |                                                  |                |                      |                          |                                                  |
|                                          | /             | Burial                           |                                                  |          |              |                                                  |                |                      |                          |                                                  |
| 3                                        |               | Birth                            |                                                  |          |              |                                                  |                |                      |                          |                                                  |
|                                          | _             | Mar.                             |                                                  |          |              |                                                  |                |                      |                          |                                                  |
| Full Name of Spouse*                     |               | Death                            |                                                  |          |              |                                                  |                |                      |                          |                                                  |
|                                          | $\overline{}$ | Burial                           |                                                  |          |              |                                                  |                | ·                    |                          |                                                  |
| 9                                        |               | Birth                            | ļ                                                |          |              | <u> </u>                                         |                |                      |                          |                                                  |
|                                          | _             | Mar.                             |                                                  |          |              |                                                  |                |                      |                          | ļ                                                |
| Full Name of Spouse*                     |               | <u>Death</u>                     | <u> </u>                                         |          |              | <del> </del>                                     |                |                      |                          | <del>                                     </del> |
|                                          |               | Burial                           |                                                  |          |              | ļ                                                | <del></del>    |                      |                          | ļ                                                |
| 10                                       |               | Birth                            | 1-                                               |          |              |                                                  |                |                      |                          | <del> </del>                                     |
| Full Name of Spouse*                     | \             | Mar.                             | -                                                |          |              |                                                  |                |                      |                          | <del>                                     </del> |
| run rame or spouse.                      | /             | Death<br>Burial                  | -                                                |          |              |                                                  |                |                      |                          | <del> </del>                                     |
| •If married more than once No. each mar. | (1) (2        |                                  |                                                  | Add. in  | fo. on chi   | ldren" column. Use re                            | verse side for | additional children, | , other notes, reference | es or information.                               |
|                                          |               |                                  |                                                  |          |              |                                                  |                |                      |                          |                                                  |

| FAMILY GROUP No                                         |                            | Husband's F                                                         | ull Name                                         | michael                               | Drenge           | er                                               |
|---------------------------------------------------------|----------------------------|---------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|------------------|--------------------------------------------------|
| This Information Obtained From:                         | Husband's<br>Data<br>Birth |                                                                     | City, Town or Place                              | County or Province, etc.              | State or Country | Add. Info. on Husband                            |
|                                                         | Chr'nd<br>Mar.             |                                                                     |                                                  |                                       |                  |                                                  |
|                                                         | Death                      |                                                                     |                                                  |                                       |                  |                                                  |
|                                                         | Burial                     |                                                                     |                                                  |                                       |                  |                                                  |
|                                                         |                            | of Residence                                                        | <u> </u>                                         | 11.41                                 |                  |                                                  |
|                                                         | Occupa<br>Other wiv        | ttion<br>res, if any. No. (1) (2) etc.<br>arate sheet for each mar. | Church Affi                                      | liation                               | Military Rec.    |                                                  |
|                                                         | Make sep<br>His Fa         |                                                                     |                                                  | Mother's Maiden Na                    | me               |                                                  |
|                                                         | IIIS I'a                   | thei                                                                |                                                  | Wodier S Warden 14a                   | 1                | 7.10 <u>7.11</u>                                 |
|                                                         | Wife's                     | Wife's Full I                                                       | *                                                |                                       | lene             |                                                  |
|                                                         | Data                       | Day Month Year                                                      | City, Town or Place                              | County or Province, etc.              | State or Country | Add. Info. on Wife                               |
|                                                         | Birth                      |                                                                     |                                                  | <del></del>                           |                  |                                                  |
|                                                         | Chr'nd<br>Death            |                                                                     |                                                  |                                       | ····             |                                                  |
|                                                         | Burial                     |                                                                     |                                                  | <del></del>                           |                  |                                                  |
| Compiler                                                |                            | of Residence                                                        | ·                                                |                                       |                  |                                                  |
| Address                                                 |                            | tion if other than l                                                |                                                  | Church Affili                         | ation            |                                                  |
| City, State                                             |                            | bands, if any. No. (1) (2) e<br>arate sheet (cr cach mar.           | tc.                                              |                                       |                  |                                                  |
| Date                                                    | Her Fa                     | ther                                                                |                                                  | Mother's Maiden Na                    | me               |                                                  |
| Children's Names in Full<br>(Arrange in order of birth) | Children's<br>Data         | Day Month Year                                                      | City, Town or Place                              | County or Province, etc.              | State or Country | Add. Info. on Children                           |
| 1 Christine                                             | Birth                      | 10 ga 1783                                                          |                                                  |                                       |                  | 9 Fe                                             |
| Full Name of Spouse*                                    | Mar.                       | 0                                                                   |                                                  |                                       |                  | 1783                                             |
| Latt traute or abounce.                                 | Death                      |                                                                     |                                                  | · <del></del>                         |                  | Elisabeth                                        |
| 2                                                       | \Burial<br>Birth           |                                                                     |                                                  |                                       |                  | mengeen                                          |
| 2                                                       | Mar.                       |                                                                     |                                                  | <del></del>                           |                  |                                                  |
| Full Name of Spouse*                                    | Death                      |                                                                     |                                                  | · · · · · · · · · · · · · · · · · · · |                  |                                                  |
|                                                         | Burial                     |                                                                     |                                                  |                                       |                  |                                                  |
| 3                                                       | Birth                      |                                                                     |                                                  | - ·                                   |                  |                                                  |
|                                                         | Mar.                       |                                                                     | ļ                                                |                                       |                  |                                                  |
| Full Name of Spouse*                                    | Death                      |                                                                     | -                                                |                                       |                  |                                                  |
|                                                         | Burial                     |                                                                     |                                                  |                                       |                  |                                                  |
| 4                                                       | Birth<br>Mar.              |                                                                     | <del>                                     </del> |                                       |                  |                                                  |
| Full Name of Spouse*                                    | Death                      |                                                                     | -                                                |                                       |                  | <del> </del>                                     |
|                                                         | Burial                     |                                                                     |                                                  |                                       |                  |                                                  |
| 5                                                       | Birth                      |                                                                     |                                                  |                                       |                  |                                                  |
|                                                         | Mar.                       |                                                                     |                                                  |                                       |                  |                                                  |
| Full Name of Spouse*                                    | Death                      |                                                                     |                                                  |                                       |                  |                                                  |
|                                                         | Burial                     |                                                                     | <del> </del>                                     |                                       | <del></del>      | <del> </del>                                     |
| 3                                                       | Birth<br>Mar.              | <del>-</del>                                                        |                                                  | -                                     |                  |                                                  |
| Full Name of Spouse*                                    | Death                      |                                                                     |                                                  |                                       |                  |                                                  |
| `                                                       | Burial                     |                                                                     | -                                                |                                       |                  |                                                  |
| 7                                                       | Birth                      |                                                                     |                                                  |                                       |                  |                                                  |
|                                                         | Mar.                       |                                                                     |                                                  |                                       |                  |                                                  |
| Full Name of Spouse*                                    | Death                      |                                                                     |                                                  |                                       |                  |                                                  |
|                                                         | Burial                     | ·                                                                   | <del> </del>                                     |                                       |                  | <del> </del>                                     |
| 8                                                       | Birth<br>Mar.              |                                                                     | <del>                                     </del> |                                       | <del></del>      | <del> </del>                                     |
| Full Name of Spouse*                                    | Death                      |                                                                     | <del>                                     </del> |                                       | ·                |                                                  |
| `                                                       | Burial                     |                                                                     |                                                  |                                       |                  |                                                  |
| 9                                                       | Birth                      |                                                                     |                                                  |                                       |                  |                                                  |
| =                                                       | Mar.                       |                                                                     | ļ                                                |                                       |                  |                                                  |
| Full Name of Spouse*                                    | Death                      | <u> </u>                                                            |                                                  |                                       |                  | <del>                                     </del> |
| 10                                                      | Burial                     |                                                                     | <del> </del>                                     |                                       |                  | <del> </del>                                     |
| 10                                                      | Birth<br>Mar.              |                                                                     | +                                                |                                       |                  | <del> </del>                                     |
| Full Name of Spouse*                                    | Death                      |                                                                     |                                                  |                                       |                  |                                                  |
| •                                                       | Buria                      |                                                                     |                                                  |                                       |                  |                                                  |

Copyright 1973 —

FORM 1-C FAMILY

SOURCES OF INFORMATION

COMPILER OF RECORD

MISCELLANEOUS

Mm. a Ech B. Oct. 1, 1847 Augustus Ech B. Aug. 19, 1849 D. Due. 19, 1905 anthony Eck B Syt, 4, 1851 Dea Ceroline Ech 13 July 21. 1853 George W. Eck BNOV. 10, 1855-Reffeca Ech 13 nov. 13, 1857 D. 1859 William Henry Eck 13 Sept. 13 1859 D.

Chilcher of Joel Ech + Margaret Jusque Ech. (3) Calharine alice Eck. 13. Mar. 13, 1861 Trank C. Eck. B. Feb. 20, 1864 Margaret C. Eck B. July 13. 1868 nippenoes Valley Tycoming Co. Pa.

Spouse of Testator/Intestate

1813 Year Peter Piper

Name of Testator/Intestate

# ABSTRACT OF WILL/ADMINISTRATION

| RESEARCHER:                   | DATE:                                 | PATRON:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |
|-------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Name of Probate Court:        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Library Call Number:          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Name of Testator (Intestate:  | Peter Riper                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Residence: Iranklin           | Zeop.                                 | Occupations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| Date of Document:             | Date of Pr                            | ohate/Grant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| Place requested for Burial:   | 2000 02 2 1                           | obate/Grant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| Bequests, Trusts, Entails,    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| 2 Henry Bend                  | les mandi                             | 1 On 1. 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2    |
| & Peter Digen                 | minor ch                              | of Jacot P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | yper |
|                               | ch quardia                            | The state of the s |      |
| Children Be                   | tes Jender                            | /_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0    |
| Xitis:                        | man                                   | 14 legibet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
| 8/3/2/314/3                   | 309/84                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| 62 84 86                      | 92                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| 5000                          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IV   |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               | · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| executors:                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Executors:                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Sondsmen:                     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| Use back side if necessary to |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |

| -CAMPAGE STATE OF THE PARTY OF | yrsula |          |            |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|------------|--|--|
| Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of     | Testator | /Intestate |  |  |

Year

Peter Lettle
Name of Testator/Intestate

# ABSTRACT OF WILL/ADMINISTRATION

| RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SEARCHER:DATE:PATRON:                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | me of Probate Court: Dileuch Q.                   |
| Lib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | orary Call Number: 614,019                        |
| Nan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | me of Testator/Intestate:                         |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |
| Dat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | te of Document: 20 Se 1772 Date of Probate/Grant: |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ce requested for Burial:                          |
| Bec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | quests, Trusts, Entails, etc.:                    |
| 4_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dans: Barbara Balt lot in Petersburg york         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | daus: Barbara Galt lot in Petersburg (Ans de      |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | " Catharene                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mary                                              |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Elizabeth                                         |
| Name and Address of the Owner, where the Owner, which is the Own | Susann                                            |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sons michael                                      |
| Citizani                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lodewich                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Peter                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Joseph                                            |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tenler Irelevel + April Co.                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·             |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
| Exec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | cutors:                                           |
| Bond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dsmen:                                            |
| Witn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | esses:                                            |

Little groupe 25 ge 18. 11-2-19 Carbolie Com Gettyburg Tittle Frebereck & 15 kg 1814 74 up WDowsky & 24 Sp 1823 Christ Ref Che Cem Union Tp.

#### Records from Zion Lutheran Church

Manchester, Carroll Co. Md. At Maryland Historical Society From 1760-1840

Copulivite Jacob Shaefer to Juliana Teffnerin 18th Nov. 1782.
p.153:

Appelonia, daughter of Christian Shaeffer, confirmed 1783. Aged 16. p.113.

Johannes, son of Joh. Shaeffer uxor Eva, b. Jone 31, 1787, bapt. Aug. 20, 1787. Sponsors George Baer uxor Marg. p.28.

John George, son of Jac. Berkebeil and Cath. b. July 2, 1789, bapt. Aug. 9, 1789. Sponsors Jac. Shaeffer and Anna. p.34.

Maria Appelonia, dau. of Christoph Bobliz and Cath. b. June 13, 1790, bapt. July 18, 1790. Sponsor Appelonia Schafer. p.38.

John Jacob, son of John Shaeffer uxor Eliz. b. July 13, 1791, bapt. Aug. 7, 1791. Buried June 28, 1868 by A Weier. Sponsors Phil Werner uxor Magda. p.42.

Eliz. dau. of Ad. Zeus fr. Eliz. bo. Oct. 34, 1791. Sponsors Jacob Shaeffer and fr. Juliana. p.42.

Mar. Cathr. dau. of Christ. Bobliz and wife Mar. Cathr. b. Nov. 23,1793, bapt. April 12, 1794. Sponsors Abraham Shaefer and Mary Cathr. Boblyn. p.48.

Abraham, son of Jac. Weber and fr. Barb. b. July 14, 1794, bapt. Nov.1, 1794. Sponsors Abraham Shaefer and Magd. Herer p.52.

Samuel, son of John Shaefer and fr. Eva. b. Oct.25, 1794, bapt. Nov. 30, 1794. Sponsors And. Shaefer, Ledig. p.52.

David, son of Joh. Shaefer and Eva, b. May 12, 1796, bapt. Juli, 10, 1796. Sponsors Michael Shaefer and Elizabeth Shaefer, beide ledig. p.56/

Elizabeth, dau. of Joh. Shaefer and Eva, b. Nov. 29, 1797, bapt. Dec. 21, 1797. Sponsors Mich. Shaefer and fr. Mar. Eliz. p.62.

Mar. Cahhr. dau. of Joh. Shaefer and fr. Eva, b. April 20, 1800, bapt. June 15, 1800. Sponsors Mar. Cathr. Shurman, ledig. p.70.

Magdal., dau. of John Bobliz and fr. Magda. b. June 26, 1800, bapt. Aug. 10, 1800. Sponsors Ad. Bobliz and Magd. Shaefer, beide ledig. p.72.

#### Zion Lutheran Church #2

Andreas, son of Andreas Shaefer and Eliz. b. Aug. 3, 1811, bapt. Oct. 30, 1814. Sponsors George Linewever and wife Susie. p.80.

Jacob, son of Jacob Shaefer and Elizabeth. b. Jan. 3, 1817, bapt. Sept. 28, 1817. Sponsors Jacob Breidebeil and wife Cathr.

Sarah Anna, dau. of John and Cath. Shaefer, b. April 2, 1827, bapt. May 27, 1827. Sponsors Ludwig and Cath. Reiggle. p.83.

Saranda Eve. dau. of Andrew and Eliz. Shaeffer, b. July 26, 1827 bapt. not given. Sponsor Cahtarine Riegle. p.84.

Justine Ann, daul of Joseph and Elizabeth Zeutz, b. Aug. 9, 1827, bapt. Oct. 7, 1827. Sponsor Justine Ann Schaeffer.

David, son of Moses and Cath. Shaeffer, b. Aug. 17, 1827, bapt. Sept.9, 1827. Sponsors David and Eve Yingling. p.84.

David, son of Samuel and Maria Magdalena Shaeffer, b. May 22, 1828, bapt. Oct. 3, 1828. Sponsors parents. .88.q

Elizabeth, dau. of Moris and Catherine Shaeffer, b. Dec. 22, 1829, bapt. Mar. 21, 1830. Sponsors parents.

Priscilla, dau. of David and Eva Yingling, b. Jan. 11, 1830, bapt. May 16, 1830. Sponsors Andrew and Elizabeth Shaeffer.

Matilda, dau. of John and Cath. Shaeffer b. June 16, 1830, bapt. Sept. 12, 1830. Sponsors parents. p.88.

#### Caticumens -

1831 - Adam; John; Elizabeth; Cassia; Elenor Shafer. 1833 - Henry; David; Julianna; Susan; Cathr. Shafer. 1835 - David; Sarah Ann; Mary; Susanna; Mary Ann Shafer.

1837 - Caroline Shafer. p.147,148,149.

Margaret, daul of Samuel Shaeffer and Eliz. b. Jan. 3, 1832, bapt. April 22, 1832. Sponsors parents. p.91.

Samuel, son of Godfrey and Keziah Kneller, b. Dec.8, 1837, bapt. April 16, 1838. Sponsors John and Ellen Shafer, grandparents. p.104.

Will Jeremiah, son of John and Susannah Shaeffer, b. Aug. 31, 1840, bapt. Jan. 26, 1841. Sponsors parents. p.107.

### Records from Jerusalem Lutheran Church Carroll Co., Md. - At Maryland Historical Society

Confirmed 1804

Andreas Shafer - John Shaefer - Hohn Goerge Shaefer-Rachel Shaeferin From p.106

Raul, son of Johannes Bichsler and Evamaria, b. Jan. 10, 1809, bapt. July 4, 1809. Sponsor Julian Shaefer, Wittwe. From p.36.

Wilhelm, son of Johannes Shafer and Catharine, b. April 12,1811. bapt. Junell, 1811. Sponsors, Wilhelm Bindel and Martha. p.46.

Hein, son of Johannes Shafer and Rebecca, b. Oct. 14, 1812, bapt. Feb. 6, 1813. Sponsors, Wilhelm Bindel and Martha. p.46.

Johannes, son of Johannes Shafer and Elizabeth, b. Mar. 26, 1813, bapt. 1813. Sponsors Johannes Zeller and Elizabeth. р.46.

David, son of Johannes Shafer and Elizabeth, b. Feb. 11, 1815, bapt. April 13, 1815. Sponsors, Johannes Shafer and Mary.

Peter, son of Peter Sedenbill and Magdalena, b. Septl 16, 1816. bapt. Nov. 24, 1816. Sponsors, Jacob Shafer and Cathr. Meinert. p.52.

Confirmed 1832 Josua Shafer

1834 Jese Shafer Mary Shafer 1836 1839

Reuben Shaffer Mary Shaffer Priscilla Shaffer

David Shaffer Samuel Shaffer

p. 108, 109.

Eleanora, dau. of David Shafer and Susanna, his wife, b. Au. 12, 1841 bapt. Dec. 23, 1841. Sponsors - the parents. p.óh

Samuel Shaffer, d. Aug. 20, 1857. Aged 35 yrs. 4 mo. 20 das. p.90.

Many later ones.

## From Register of Wills Office B altimore City Court House

Will of Jacob Shaffer, Sr.

Made June 7,1794 Filed March 12, 1800

Names-Jacob, Jr. and leaves him plantation on which he (Jr.) now lives. It being part of Iron Intention.

- " John leaves him real estate but it is not named.
- " 3 sons Jacob; John; Benjamin
- " h Daughters Catharine Woolry Christiana Chriessman Dorothy Reese Magdalena Myerly

No other property names given.

John Y ingling)
Wartin Hans ) Witnesses
Jacob Powder )

From Vol. 6, pl 294

Will Book.

Adm. Acct. of 'acob Shafer - March 12, 1800.

Letters granted to John Shafer. Securities - Jacob Powder; Leonard Powder. Amt. of Inventory - \$200.45 Amt. of debts due - \$342. 10

Amt. of payments and disbursements - \$405.20 and 292.91 Amt. overpaid the estate - \$292.94 and 60.90

Ist Act. - Aug. 8, 1801 2nd Act. - June 14, 1804

From Adm. Accts. Book #3, pl 221.

Inventory of Jacob Shaffer - Mar. 24, 1800

Amt. of Inventory - \$200.45 Debts due estate - \$342.10

William Lovell) Appraisers Jacob Ditto

From Inventory Book #20, p. 354

Jacob Shaffer)
Benj. Shaffer) relations

# From Register of Wills Office of Baltimore City Court House.

Will of Jacob Shafer (Jr.)

Made April 17, 1800 Filed Aug. 11, 1802

Names - Wife Youlan and leaves her all personal estate, ground and dwelling Plantation until youngest child becomes of age, or until she remarries. Then whole estate to be divided between children; Michael; Dorothy; John; George; Benjamin; Simon; Catharine; Jacob; except her widow's thirds. Extrs. - Wife Youlan and Brother John.

Witnesses - Jacob Shafer, Jr.; George Myerly; Jacob Nusbome.

From Will Book #7, p. 33.

Adm. Act. of Jacob Shafer

Will - Aug. 11, 1802

Letters granted to John Shafer and Youlan Shafer, Extrs. Securities - George Lyerly and Leonard Powder.

Amt. of Inventory - \$885.95

" Payments and \$885.95 Disbursements 968.64

" "Overpaid \$132.48

1st Act. - 13 June 180h 2nd Act. - 13 June 1821

From Adm. Acts. of Baltimore Co. #3 - 1800 - 1805

Final Acct. of Julean and John Shaffer, extrs. of Jacob Shaffer, late of Baltimore Co. Md.

Inventory being \$885.95 Current money retained by Julean, one of these accountants, the residue being left her agreeable to the will of the deceased. \$836.16

Accts. Commission bl. 24 Registration Fee 5.50

No property named. June 13, 1804

From Acct. Book #3, p.639

Inventory of Jacob Shafer filed by -

Michael Shaffer John Shaffer

William Lovall Capt. Christopher Woolry

Nov. 13, 1802

From Inventory Book #22, p. 358.

## From Register of Wills Office Baltimore City Court House

# Will Of John Shafer

Made Aug. 2, 1823 Filed Mar. 28, 1828

Names - Wife Mary

Dau .- Hannah Loyster, wife of David Loyster.

Son - Abraham - Given "Plantation where I now live known

as Shafer's Resurvey" . 29112A.

Son - John

Dau. - Christiana, wife of George wareham (of Henry)

Dau. - Mary, wife of Peter Bunebaker

Dau. - Rachel, wife of John Stonesifer

Dau. - Margaret, wife of Benjamin Grammer

Dau. - Catharine, wife of Philip Horn

Son - David Shafer

Jacob Shafer

Remaining land, part of two tracts called Everything Needful and Iron Intention to be sold and money divided among ten children. Michael Sullivan; John Reese; Andrew Reese - Witnesses. All children, except Abraham, left slaves and money. Jacob and Abraham Shaffer - Extrs. Abraham refused to serve. From Will Book DMP #13, p.50.

Adm. Acct. of John Shafer -

Will - Mar. 28, 1828

Letters granted to Jacob Shaeffer, Executor. Michael Sulivan and John Reese - Securities.

Amt. of Inventory - 21411.01 Amt. of Sales 1091.95

622.97

221.25

63.00

\$3981.32 Amt, of debts due

Amt. of payments

274.94

528.55

438.94 4553.12

Amt. of balance due estate \$2833.23

2304.68

4614.39

4195.27

1st act. - Sept.8, 1829

2nd act. - Dec. 4, 1829

3rd act. - June 27, 1831 hth act. - May 1, 1845

From Adm. Acts. of Baltimore Co. B cok #8, p.227.

### From Register of Wills Office Baltimore City Court House.

Inventory of John Shafer

April 5, 1828

52 pages long and very interesting. Includes 50 gal. of whiskey and 37 gal of whiskey.

Abraham Shaffer; David Ginnan; Henry Grammer - Witnesses.

Whole Amt. \$1411.01 List of debts - \$2602.25

Amt. of personal estate - \$943.11 425.50 Cash -42.40

No property names given.

Debts due from - John Shaffer, Jr. on notes -\$1050.00 Jacob Shaffer 11 11 293.75 Benj. Grammer "David Leister on acct. u u 960.00 172. 00 George Wareham " \*\* 300400 David Shaffer " 50.00

and many others.

From Inventory Book #37, p.64-69

#### Releases.

I, David Leister, who intermarried with Hannah Schaeffer, one of the heirs and legal representatives of John Schaeffer, deceased, have this day received of Abraham Schaeffer, the sum of \$850. —— being in full of the legacy devised to my wife by the said John Schaeffer, and I do hereby release etc. Abraham Schaeffer and John Schaeffer etc.

March 30, 1830

Signed; David Leister

Same for George Wareham for Christiana Schaeffer. \$950/ Mar.22, 1832

Same for Peter Panebaker for Mary Schaeffer. \$790. Mar. 22, 1832.

Same for Rachel Stonesifer. \$400. Given in Alleghany Co. Pa. Nov. 5, 1833.

Same for Benjamin Grammer fpr Margaret Schaeffer. \$400.June 30, 1831.

" Philip Horn for Catharine Schaeffer \$600.Dec.9, 1828

" David Schaeffer \$266.Nov. 19, 1831

Jacob Schaeffer

253. June 30, 1831

From Release Book #18, p.490.

p.80.

Jacob, son of Jacob Shaefer and Elizabeth. b. Jan. 3, 1817, bapt. Sept. 28, 1817. Sponsors Jacob Breidebeil and wife Cathr. p.82.

Sarah Anna, dau. of John and Cath. Shaefer, b. April 2, 1827, bapt. May 27, 1827. Sponsors Ludwig and Cath. Reiggle. p.83.

Saranda Eve. dau. of Andrew and Eliz. Shaeffer, b. July 26, 1827 bapt. not given. Sponsor Cahtarine Riegle. p.84.

Justine Ann, daul of Joseph and Elizabeth Zeutz, b. Aug. 9, 1827, bapt. Oct. 7, 1827. Sponsor Justine Ann Schaeffer. p.84.

David, son of Moses and Cath. Shaeffer, b. Aug. 17, 1827, bapt. Sept.9, 1827. Sponsors David and Eve Yingling. p.8h.

David, son of Samuel and Maria Magdalena Shaeffer, b. May 22, 1328, bapt. Oct. 3, 1828. Sponsors parents. p.88.

Elizabeth, dau. of Moris and Catherine Shaeffer, b. Dec. 22, 1829, bapt. Mar. 21, 1830. Sponsors parents. p87.

Priscilla, dau. of David and Eva Yingling, b. Jan. 11, 1830, bapt. May 16, 1830. Sponsors Andrew and Elizabeth Shaeffer. p.87.

Matilda, dau. of John and Cath. Shaeffer b. June 16, 1830, bapt. Sept. 12, 1830. Sponsors parents. p.88.

Caticumens 1831 - Adam; John; Elizabeth; Cassia; Llenor Shafer.
1833 - Henry; David; Julianna; Susan; Cathr. Shafer.
1835 - David; Sarah Ann; Mary; Susanna; Mary Ann Shafer.
1837 - Caroline Shafer.
p.147,148,149.

Margaret, daul of Samuel Shaeffer and Eliz. b. Jan. 3, 1832, bapt. April 22, 1832. Sponsors parents. p.91.

Samuel, son of Godfrey and Keziah Kneller, b. Dec.8, 1837, bapt. April 16, 1838. Sponsors John and Ellen Shafer, grandparents. p.104.

Will Jeremiah, son of John and Susamah Shaeffer, b. Aug. 31, 1840, bapt. Jan. 26, 1841. Sponsors parents. p.107.

p.153.

Appelonia, daughter of Christian Shaeffer, confirmed 1783. Aged 16. p.143.

Johannes, son of Joh. Shaeffer uxor Eva, b. Jone 31, 1787, bapt. Aug. 20, 1787. Sponsors George Baer uxor Marg. p.28.

John George, son of Jac. Berkebeil and Cath. b. July 2, 1789, bapt. Aug. 9, 1789. Sponsors Jac. Shaeffer and Anna. p. 34.

Maria Appelonia, dau. of Christoph Bobliz and Cath. b. June 13, 1790, bapt. July 13, 1790. Sponsor Appelonia Schafer. p.38.

John Jacob, son of John Shaeffer uxor Eliz. b. July 13, 1791, bapt. Aug. 7, 1791. Buried June 28, 1868 by A Weier. Sponsors Phil Werner uxor Magda. p.42.

Eliz. dau. of Ad. Zeus fr. Eliz. bo. Oct. 34, 1791. Sponsors Jacob Shaeffer and fr. Juliana. p.42.

Mar. Cathr. dau. of Christ. Bobliz and wife Mar. Cathr. b. Nov. 23,1793, bapt. April 12, 1794. Sponsors Abraham Shaefer and Mary Cathr. Boblyn. p.48.

Abraham, son of Jac. Weber and fr. Barb. b. July 14, 1794, bapt. Nov.1, 1794. Sponsors Abraham Shaefer and Magd. Herer p.52.

Samuel, son of John Shaefer and fr. Eva. b. Oct.25, 1794, bapt. Nov. 30, 1794. Sponsors And. Shaefer, Ledig. p.52.

David, son of Joh. Shaefer and Eva, b. May 12, 1796, bapt. Juli, 10, 1796. Sponsors Michael Shaefer and Elizabeth Shaefer, beide ledig. p.56/

Elizabeth, dau. of Joh. Shaefer and Eva, b. Nov. 29, 1797, bapt. Dec. 21, 1797. Sponsors Mich. Shaefer and fr. Mar. Eliz. p.62.

Mar. Cahhr. dau. of Joh. Shaefer and fr. Eva, b. April 20, 1800, bapt. June 15, 1800. Sponsors Mar. Cathr. Shurman, ledig. p.70.

Magdal., dau. of John Bobliz and fr. Magda. b. June 26, 1800, bapt. Aug. 10, 1800. Sponsors Ad. Bobliz and Magd. Shaefer, beide ledig. p.72.

Sucetta (Swerer) Ech (4) Welliam Eck and B any 26, 1830 13 Feb. 20, 1823 D. Mar. 6, 1905-D. Oet. \$5,5/900 M. June 11, 1850 Children Mary June Ech 13 10/11/1851 Joseph Eck B, 4/15/1853 Elzabett Savilla Eik B 11/12/18#4 John Geremial Ech B. 6/19 18 57 Margaret Eck *\( \)*, Jucella Ch 1858

Children of Millian Eck and Levelta (Siren ) Eck (5) Clara agner Eck B. 3/29, 1860 Mm. Henry Cek B 1/27) 1862 b. 1928 Horge Pins Ech B 5/5/1868 Cicila Velaro Ech 139/25) 1866 D3/25/ 1929 albert Engene Ein B. 3/29/ 18/3 Franklen Slephen Ech B 5 1 3 ) 1869 abraham dag. Ech. Baskess 13 3/27/1877 D. Lycoming Co Pa.

Ist. Hurband Gerement Cek and Calharus Cik. (6) 13.10/10) 1840 B. 12/15/1827 D. 9/5/1902 D. 11110/1883 2 mel Husband Edward (alluren) Eck 13.4/27/1828 D.9/27/1907 Leberron albert & Eck and Jennie Housed Eck.

B 3/29/1873

D. Lycoming Co Pa! John J. Eck and theresa (Bank) Cek.
B 6/19/1857
B. Bashiss Lycoming Co Pa Thomas Childre and Elizabeth S. (Eet) Childre B. 11/12) 1854 D.10/11/1925 Bashies, Lycoming a Pa.

Skorge Neyhart and Clara a. (Eh) Neyhart (7) B. 3/29/1869 Bastres Lycoming to Pa. Cecilia V. (Cek) Steffen Jacob S. Coffan and 13.9/25)1866 D3/25/1929 Bastres Lycoming Co Da. George Penis Eck and Elizabeth (Steppy) Eck.

B. 5/5/1864

A. Bashus Lycoming Co Pa. William H. Ech and Julia Esteppy ) Ech B. 1/27/1862 D. D. 1928 Bashees Jaycomery Co-Pa

Mary (Blank) Ech Joseph Eck and B 4115) 1853 Bershess, Lycoming Co. Pa William Springman and Lah C(Ech) Springman B. 7/2/1/853 Gersta Sprengna Mensport Pa. anthony S. Eek and Kate (Jaar) Eek B 9/4/1851 B. Ly Coming a Pa. John Derhick and Mary & Eck) Derhick Jessey Shore, Lycoming G Pa Therena CSteppy Kel Franklin S. Eek and B \$1311869

Thanks Moore and Catharine a (Ech) Moore B.3/13/1861 13.57/7/1868 gersey Show Pa. R&H4 Joel N. Ech and Ella (Twelverg) Ech B 2/15/1866 B. Lycoming Co. Pa. Frank & Cek and amelia (Bucha) Eck
B 2/201/864
B. Induste nova (me. Graw) Sycarring to Pa Charles Moon and Margaret C(Ech1 Moone B 5) 17) 1868 A. Frances Moore
B 7/19/1/892 Eigene Moore 1311/9/1900 Reynold Moore B. 91/3/1902 0.

Children of Charles Moore and Mayant ((Eck) In some (101 Joseph Moore 138/18/1905 Gerald Moon 13.7/18/1908 gerry Show Q. \$ 44 Lycoming Co Pa Millian H. Ech and Leva (Long) Ech 13 9/13/1859 13 Lycoming Co, Pa Elzabelt (Bowns) Ech Augustus Ech and B 8) 19) 1849 Dan. Juha Eck. Manaport Lycoming Co Pa. Skorge W. Ech and agner (Buff) Ech: B 11/10/1855 B Lycoming G Pa: Damuel Beck and May Gran (Eck) Beck B 135)24/1845 Lycoming & Pa

Mary Magdalena Allevien was born in 1777 she in the daughter of Consad allevin and Catharine Weibel allevein Catharine Weibel Conrad allucin B. apr. 25, 1753 B. May 23, 1753 D. Sept. 6, 1805 D. May 12, 1816 they were married in May 16/773 in Lochendoffer Sa as Christian Henrich's house at asplran Collen ( sharp Mountain ) they were married by Father Retter. Catharine 13. mar. 251774 D. Feb. 27, 1843 Jacob B. 1776? D. 1854 Magdalen B. 1777 O. y chn Philip B. Jan 30, 1781 D. Dec. 1865 Conrad B. apr. 24 1783 D. Feb. 9, 1846 Elsabett anne Maria D. 1865 1792 Samuel B. D. Oct. 15, 1805 Hannah B. 900. 6, 1793 Joseph. Os a young boy Comail allerein lived in Bern Tourshy Reading Pa. We believe he was loin in Bern Tourship Berts Co. Pa.

(12) Goseph Hemler and Catharine (Arnold) Hemler Mary ann Hemler Elzahett Hemler Calharne Hemler B 6/18/1831 0:11/2/1888 Pens Hemler 3/122/1832 8-119/1894 Storg Hemler D. 18/19/1902 Joseph Henler 13 Had lucil at Setbsbuy Pa Wellian Helener

Stephen Van Tell and Clapeth Hemler) Van Till Children Charles Van Till Harry Van Lill Sleghen Van Till 13 8/15/1854 Vectoriai Van Lell 13/0/6/ 1860 Clara Van Lill 13.9/3/1865 Catonsville Ballinge G. Md. ambrose Hitzelberger and Mary a (Hember) Hitzelberger Bonneavill allowono Co Pa.

Jacob Eckenrock and Catharere (Hemler) Eckenrock 1/4, 13 6/18/1831 13/0/19/1829 0-11/2) 1883 8.5/15/19/1 Children albert Echenrocke 138/12/ 1852 8.3/27/ 1931 Engenia Jennie) Elbensode 13 1/10/1854 8-2/11/1921 Charles Cebensich 13 9/16/1856 D.6/30/1925 Vinient Eckenrole B 6/21/ 1862 D-12/16/ 1926 Catharine Expensale 138/10/1866 Welliam Espensode 13618/1869 Welker Barre, Lycoming Co. Pa

Willean a. Ech and Barbara (Eseverth 1 Ech. 3 1011/1349 Lycerny & Pa Jacob arnold and Teah (Ech) arnold B 7/22) 1807 D 10/3/ 1885 13/1/3/1806 0.5)41 1844 Children: William arnold 1831 8.2/4/1914 anthony & armold

8-3/7/1917 Journa Gradd 1842 8. 1877

Joel Grnold 13 1840 0.9/14/1869

Steage Hemler and Cotharene Smith 1 Hemler D. 101 191 1902 8.12/ 1871 Children ambrone Henler 1852 \$. Uncent Henler B 1854 8.711311886 Mary Hemler BIP 1856 Frank Henler 13 1860 anna Wenler 3.5/16/1862 Pens Hernler and Catherine (Seefert) Hemler 133/15)1840 D-9/27 1905 B 1/26/1832 D-1119) 1894 married 3/5/1867 Cheldren Daniel Henler B4/6/1868 B1/1/1868

Children of Pens Henlin and Calhanne Seifert Hemlers Sarah Hemler 13/2/12/1870 Mary Hemler 132/20/1872 Catherine Henler 13 /1/25/ 1874 D.10/21 1896 Elzabelt Wemler 13 4/17/ 1876 Ella Hemler 132/10/ 1880-1880 Hencent Hemler 134/27/1882 8.12/25-/1882 William Henler 13614/1878 Port Carlon Schuylbell To Pa.

Joseph Hemler and Sarah (Buddy) Hemler
B

(6)

Chilchen of Joseph Wenter and Sarch (Buckly) Thember (17) Clara Hember Elzabeth Hemler William Hemler Slephen Wernler agnes Hemler Clement Hemler Catharne Hemler Ellist City P.O. Md. Fank Swoger and Sarah Eck! Swoger 134/27/1843 D.11/17/1927 Cheldin Clara Surya 11/12/

Chilebr of Frank Sury and Sarah El Suya (18) Henry (Harry) Seoyn 13/1/3/ 1874 Alora Guoyer 138/18/1877 0.6/8/ 1925 Wellerin Durger 13 9/22/ 1880 alter Shoyer 13/1/883 Edna dwoyn 137116/1886 0 3/11/19/1 Helen Surger 135/1/1/1890 Jersey Shore Lycoming Co. Pa. Vincent Hember and Ella Freeney / Hember D. 9/13/1886 2 Children forth are dead Sundance Wyoming

ambose a. Hemler and Loura White I Hemler Francis (Frank) a Wember 13 312/1886 George Telenter 1321251 1888 Charles & Hemler 1391111 1891 D.9/14/ 1905 Chesta & Hender 137/19/ 1894 Eugine Herrler B 12/27/1895-D-12/3/1895-Clara & Hemler 13 2/11/1902 Dundance Wys. William Fr. Hember and Cora agree I (alben) Hember 13 10/23/ 1878 Mr. Hembe es a Mechael Dr. R&H2 Waldord Md.

Cora a Comet Henler John Hender and 13-4/22/1867 B 12)261 1852 8 5/17/1927 Married 1/24/1892 Chelehin Emmer Hemler B 6/19/1897 William Hemler 13/12/3//1898 France Jennette Hende B 6/24/ 1900 anastasea Hemler 13 2/8/1902 02/8/1923 Genevaere Hemlu 13215) 1905 Margaret Hemler B.7/29/1907 John Henler B9/4/ 1909 0-9/29/1909 4637/ugh St Wanver Pk.

(201

as we found his father Jarob alleven mentioned in the taxables for 1752 in Beintourships Beda Co. Magdalera allucii marreit John Dandorf on July 12, in the presence of the Congrestation at Reacting Penna. Mr. O. snelost sellted near Gettsburg Pa. with her wife . Their evere two Children born to Chem. as far as I know. Chelebren D. 1834 Samuel b. 1802 Peter Christian Arnelouff = Warranties of Land in Helleberg Trumhip 50 acres May 18, 1758 Lancaster Co. Pa. Christian Ondorff. d. apr. 16, 1772 age 80 yrs Buried in Morvain Cemetry in Hebon in Jelaran Co Margaret Luoyer) Ech. Joel Eh and B. July 14, 1823 B. Feb. 2, 1822 Children Mary ann Ech. B May 24, 1845Combrose a Nember and Jayra (white) Hemler Francis ( Trank) a Wember 13 312-11886 10. Giorge Ifinlia 32)15) 1888 Thanker & Flender 1091111 1891 D9/4/ 1905 Wester & Hender 137/14/ 1894 Eugine Wenter 13/2/27/1895-12-13/1895-Clara & Wemler Po 2/11/1902 Dundane Wys. Welliam F. Glember and Cora Ggne I (alben) Hemler P3 161231 1878 B 614/1878 in Hembe is a Medical Do. ROHZ Waldow Mid.

1 John Hemlen & Cora a Company) Lynger 8 5/17/1477 Mario 1/24/1892 Chilelu-Emma Hemler 10 6/19/18-97 William Henrie 13/1/1898 Trance Jennette Henlie B 6/24/ 1900 Errastasia Hemlu 13 218/1902 02/8/1923 Generalia Wemler 13215/1805 Margaret Henler B.7/29/1907 Witn Hemler 13 9/4/ 1808 1.9/29/1909 4637/agh St Manuel Pr.

20

axables for 1752 un Beintouship Beds Co. Magdalera Allucii marreit John Dandorf on July 12, in the prisence of the Congreshetin at Reading Mr. O. melorf sellted near Gettsbuy Pa. with her wife Their evere two Children Sounte Chem. 's far as I know. Chelelisen D. 1834 Samuel b. 1802 Peter Christian Orndorff = Warranties of Jan in Helliberg Trumhip 50 acres May 18, 1758 Lancasta Co. Pa. Christian Ondorff. d. apr. 16, 1772 age 80 yrs Buried in Morvian Cemetry in Hebon in Telaran Ca Margaret Luoyer) Ech. Joel Eh and B. Feb. 2, 1822 B. July 14, 1823 Children Mary ann Ech. B May 24, 1845

| Th         | AMILY GROUP No is Information Obtained From:          | Husband's<br>Data     | Day Month Year                                            | City, Town or Place                              | County or Province, etc. | State or Country | Add. Info. on Husba                              |
|------------|-------------------------------------------------------|-----------------------|-----------------------------------------------------------|--------------------------------------------------|--------------------------|------------------|--------------------------------------------------|
|            |                                                       | Birth                 |                                                           |                                                  |                          |                  |                                                  |
|            |                                                       | Chr'nd                |                                                           |                                                  |                          |                  |                                                  |
| _          |                                                       | Mar.                  |                                                           |                                                  |                          |                  |                                                  |
| _          |                                                       | Death                 | <del> </del>                                              |                                                  |                          |                  |                                                  |
| _          |                                                       | Burial                |                                                           | <u> </u>                                         |                          |                  |                                                  |
| _          |                                                       |                       | of Residence                                              | 61 1 45511                                       | 11 - A1                  |                  |                                                  |
| _          |                                                       | Occupa                |                                                           | Church Affil                                     | lation                   | Military Rec.    |                                                  |
|            |                                                       |                       | es, if any. No. (1) (2) etc.<br>arate sheet for each mar. |                                                  | N 1 - N - 1 - N          |                  |                                                  |
|            |                                                       | His Fa                | ther                                                      |                                                  | Mother's Maiden N        | ame              |                                                  |
|            |                                                       | ┨ ・                   | Wife's Full                                               | Maiden Nam                                       | re marasi                | Th               |                                                  |
|            |                                                       | Wife's<br>Data        | Day Month Year                                            | City, Town or Place                              | County or Province, etc. | State or Country | Add. Info. on Wife                               |
| _          |                                                       | Birth                 |                                                           | <del>                                     </del> | V-                       |                  |                                                  |
| _          |                                                       | Chr'nd                |                                                           |                                                  |                          |                  |                                                  |
|            |                                                       | Death                 |                                                           |                                                  |                          |                  |                                                  |
| _          |                                                       | Burial                |                                                           |                                                  |                          | -                |                                                  |
| Co         | ompiler                                               |                       | of Residence                                              | · - · · · · · · · · · · · · · · · · · ·          |                          |                  |                                                  |
|            | ddress                                                | +                     | tion if other than                                        | Housewife                                        | Church Affi              | liation          |                                                  |
| -          | ity, State                                            | Other hus<br>Make sep | hands, if any. No. (1) (2) arate sheet for each mar.      | etc.                                             |                          |                  |                                                  |
|            | ate                                                   | Her Fa                |                                                           |                                                  | Mother's Maiden N        | Name             |                                                  |
|            | nildren's Names in Full<br>errange in order of birth) | Children's<br>Data    | Day Month Year                                            | City, Town or Place                              | County or Province, etc. | State or Country | Add. Info. on Child                              |
| <u>^^</u>  | 0 00                                                  | Birth                 | 7 mu 1180                                                 |                                                  |                          | <del></del>      | Henrick                                          |
| L          | Eva Elisabeth                                         |                       | 1 mgill                                                   | <del> </del>                                     |                          |                  | 200 mars                                         |
| _          | Full Name of Spouse®                                  | Mar.                  |                                                           |                                                  |                          |                  | 53.                                              |
|            | \                                                     | Death<br>Burial       |                                                           |                                                  |                          |                  | 1001783                                          |
| 2          | 01- 1-1                                               | Birth                 | 24 Ol 1791                                                |                                                  |                          |                  | 02,001                                           |
| _          | Elesabeth                                             | Mar.                  | J                                                         |                                                  |                          |                  | None ma                                          |
|            | Full Name of Spouse*                                  | Death                 |                                                           |                                                  |                          |                  | Catharen                                         |
|            | \                                                     | Burial                |                                                           |                                                  |                          |                  | Beinhauer                                        |
| 3          |                                                       | Birth                 |                                                           |                                                  |                          |                  |                                                  |
| •          |                                                       | Mar.                  |                                                           |                                                  |                          |                  |                                                  |
|            | Full Name of Spouse*                                  | Death                 |                                                           |                                                  |                          |                  |                                                  |
|            |                                                       | Burial                |                                                           |                                                  |                          |                  |                                                  |
| 4          |                                                       | Birth                 |                                                           |                                                  | ·                        |                  |                                                  |
|            |                                                       | Mar.                  |                                                           |                                                  |                          |                  |                                                  |
|            | Full Name of Spouse*                                  | Death                 |                                                           |                                                  |                          |                  |                                                  |
|            |                                                       | Burial                |                                                           |                                                  |                          | . <u> </u>       |                                                  |
| 5          |                                                       | Birth                 |                                                           |                                                  |                          |                  | _                                                |
|            |                                                       | Mar.                  |                                                           |                                                  |                          |                  |                                                  |
|            | Full Name of Spouse*                                  | Death                 |                                                           | -                                                |                          |                  | <del>                                     </del> |
| _          |                                                       | Burial                | <u> </u>                                                  |                                                  |                          |                  | <del> </del>                                     |
| 6          |                                                       | Birth                 | 1                                                         | <u> </u>                                         |                          |                  | <u> </u>                                         |
|            | Pull Name of C                                        | Mar.                  |                                                           |                                                  |                          |                  | 1                                                |
|            | Full Name of Spouse*                                  | Death                 |                                                           | -                                                |                          |                  |                                                  |
| _          |                                                       | Burial                | <del> </del>                                              |                                                  |                          | <del></del>      | <del> </del>                                     |
| 7          |                                                       | Birth                 |                                                           | -                                                |                          |                  |                                                  |
|            | Full Name of Spouse*                                  | Mar.                  |                                                           |                                                  |                          |                  | 1                                                |
|            |                                                       | Death                 |                                                           |                                                  |                          |                  | 1                                                |
| _          |                                                       | Burial                |                                                           | <del> </del>                                     |                          | <del></del>      | <del> </del>                                     |
| 8          |                                                       | Birth<br>Mar.         |                                                           | <del> </del>                                     |                          |                  | 1                                                |
|            | Full Name of Spouse*                                  | Death                 | <del>                                     </del>          | +                                                |                          |                  | †                                                |
|            |                                                       | Burial                |                                                           | <del> </del>                                     |                          |                  | <del>                                     </del> |
| 9          | <del></del>                                           | Birth                 | <b>†</b>                                                  |                                                  |                          |                  |                                                  |
| J          |                                                       | Mar.                  | -                                                         | <del> </del>                                     |                          | -                | 1                                                |
|            | Full Name of Spouse*                                  | Death                 | <del> </del>                                              |                                                  |                          |                  | †                                                |
|            | -                                                     | Buria                 | †                                                         |                                                  | ····                     |                  | 1                                                |
| 1          | 0                                                     | Birth                 |                                                           |                                                  | <del> </del>             |                  |                                                  |
| <b>,</b> ' | •                                                     | Mar.                  |                                                           |                                                  |                          |                  |                                                  |
|            | Full Name of Spouse*                                  | Death                 |                                                           |                                                  |                          |                  |                                                  |
|            | · · · · · · · · · · · · · · · · · · ·                 | Buria                 |                                                           |                                                  |                          |                  | 1                                                |

DATA WORK SHEET (For recording genealogical information as it is gathered from various sources.) Search No. Enclosure No. Name of Subject Subject's Day State or Country Printed Record Vol. Page Location Birth Document Dated Recorded Chr'nd Who controls or has record? Mar. source or type rd and describe. Bible Death Census Burial Church Places of Residence ਹੁੰਦੇ ☐ Corre Correspondence Occupation Church Affiliation Military Rec. Father Mother Deed Name of Spouse History Month Year City, Town or Place County or Province, etc. State or Country □<sub>Home</sub> Birth □ Interview Chr'nd □<sub>Military</sub> Death Obituary Burial Tombstone Places of Residence ☐Vital Record Church Affiliation Military Rec. Occupation Other Father Mother Copy verbatum on this form the informa- from all sources, you may easily make Original: Certified Copy: Recorded Copy: tion you find in the various records or comparisons of statements, judge value of books as you do your research. (You will each, and record correct data on a perma-☐ Transcribed Copy: ☐ Extract: find differences in records.) Make a sep- nent form such as A1, F1, F3 or F6. See

Photo Copy: Handwritten: Typewritten: Printed arate sheet for each search or each name The Sixth Edition THE HOW BOOK FOR or family on your line found in a search, GENEALOGISTS for additional suggestions Then, after information has been extracted regarding the use of this sheet. Legibility City, Town or Place County or Province, etc. State or Country Day Sex | Children's names in full (Arrange in order of birth) R1788 Birth Mar. Death Burial Birth Mar. Full name of spouse Death Burial 3 Birth Mar. Full name of spouse\* Death Burial 1 Birth Mar. Full name of spouses Death

"If married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use space below or reverse side for additional children, other notes, references or information.

© Copyright 1973 — ECO-VIEW ® Foot Office Box 6335 Santa Ana, California 92706

| HUSBAND        | Phila         | is Ma       | rh             | Father                                           |                |                  |
|----------------|---------------|-------------|----------------|--------------------------------------------------|----------------|------------------|
|                | 7 17 20 30    | 7,00        |                | Mother                                           |                |                  |
| Born           | <del></del>   |             | <del></del>    |                                                  |                |                  |
| Flourished     |               |             |                |                                                  |                |                  |
| Married        |               | <del></del> |                |                                                  |                |                  |
| Died           | <del></del>   |             |                |                                                  |                |                  |
| Buried         |               |             |                |                                                  |                | <del>- 1</del>   |
| Other Marriage | es            |             |                |                                                  |                | <del> </del>     |
| WIFE           | Call          | erene       |                | Father<br>Mother                                 |                |                  |
| Born           |               |             | <del></del>    | Mother                                           |                |                  |
| Flourished     |               |             |                |                                                  |                |                  |
| Died           |               |             | <del></del>    |                                                  |                |                  |
| Buried         |               |             |                |                                                  |                |                  |
| Other Marriage | 96            |             | ·              |                                                  |                |                  |
| SEX            | CHILDREN      | DATA        | DAY MONTH YEAR | TOWN/CITY COUNTY/PROVINCE                        | STATE/COLINTRY | NAMES OF SPOUSES |
|                |               |             | DAY MONTH YEAR | TOWN/CITE COUNTY/ROVINCE                         | JIAIL/COOKINI  | Cod Man a        |
| 1 5            | erel          | Born        | 100,10         |                                                  |                | Jon Maria        |
|                |               | Mattied     | 2 3p 1001      |                                                  |                | Jaken            |
|                |               | Died        |                |                                                  |                |                  |
| 2              |               | Born        |                |                                                  |                |                  |
|                |               | Married     |                |                                                  |                |                  |
|                |               | Died        |                |                                                  |                |                  |
| 3              |               | Born        |                |                                                  |                |                  |
|                |               | Married     |                |                                                  |                |                  |
|                |               |             |                |                                                  |                |                  |
| 1              |               | Died        |                |                                                  |                |                  |
| 4              |               | Born        |                |                                                  |                |                  |
|                |               | Married     |                |                                                  |                |                  |
|                |               | Died        |                |                                                  |                |                  |
| 5              |               | Born        |                |                                                  |                |                  |
|                |               | Married     |                |                                                  | ·              |                  |
|                |               | Died        |                |                                                  |                |                  |
| 6              |               | Born        |                |                                                  |                |                  |
| <u></u>        |               | Married     |                |                                                  | -              | -                |
|                |               |             |                |                                                  |                |                  |
|                |               | Died        | <del></del> -  |                                                  |                |                  |
| 7              |               | Born        |                |                                                  |                |                  |
|                |               | Married     |                |                                                  |                |                  |
|                |               | Died        |                |                                                  |                |                  |
| 8              |               | Born        |                |                                                  |                |                  |
|                |               | Married     |                |                                                  |                |                  |
|                |               | Died        | -              |                                                  |                |                  |
| 9              |               | Born        |                |                                                  |                |                  |
|                |               |             |                |                                                  |                |                  |
| ŀ              |               | Married     |                |                                                  |                |                  |
| 10             |               | Died        |                |                                                  |                |                  |
| 10             |               | Born        |                |                                                  |                |                  |
|                |               | Married     |                |                                                  |                |                  |
|                |               | Died        |                |                                                  |                |                  |
| 11             |               | Born        |                |                                                  |                |                  |
|                |               | Married     |                |                                                  |                |                  |
|                |               | Died        |                |                                                  |                |                  |
| 12             |               | Born        |                |                                                  | · -            |                  |
|                |               |             |                | <del> </del>                                     |                |                  |
|                |               | Married     |                |                                                  |                |                  |
|                |               | Died        |                | <del>                                     </del> |                |                  |
|                |               |             |                |                                                  |                | ·                |
|                |               |             |                |                                                  |                |                  |
|                |               |             |                |                                                  |                |                  |
|                |               |             |                |                                                  |                | <u></u>          |
|                |               |             |                |                                                  |                |                  |
|                |               |             |                |                                                  |                |                  |
|                |               |             |                |                                                  |                | *****            |
|                |               |             |                |                                                  |                |                  |
| ,              |               |             |                |                                                  |                | <del></del>      |
|                |               |             |                |                                                  |                |                  |
|                |               |             |                | BIOGRAPHICAL DATA                                |                | <u> </u>         |
|                |               |             |                |                                                  |                |                  |
|                |               |             |                |                                                  |                |                  |
|                |               |             |                |                                                  |                |                  |
| SOURCES O      | F INFORMATION |             |                | COMPILER OF RECORD                               |                | MISCELLANEOUS    |

| Pr                         | inted Record                                                  |            |             | Name                                                                                                                                                                    | OI SU                                        | Month        | Year                                    | City, Town or    | Place                                   | County or Province, e | tc. State or Country   |
|----------------------------|---------------------------------------------------------------|------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------|-----------------------------------------|------------------|-----------------------------------------|-----------------------|------------------------|
|                            | Vol. Page Location                                            |            | <del></del> | Birth                                                                                                                                                                   |                                              |              |                                         |                  |                                         | Doubly of Florince,   | Safe of County         |
| <del></del> -              | Document Dated Recorded                                       |            |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         |                       |                        |
| 2 4                        | Who controls or has record?  Bible  Census  Church            |            |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         |                       |                        |
| E A                        |                                                               |            |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         |                       |                        |
| e or                       |                                                               |            |             |                                                                                                                                                                         |                                              |              |                                         | <del></del>      |                                         |                       |                        |
| ourc<br>d and              |                                                               |            |             |                                                                                                                                                                         | f Resid                                      | lence        | !                                       | -                | •                                       |                       |                        |
| ck s<br>ecor               |                                                               |            |             |                                                                                                                                                                         | Occupation, Church Affiliation Military Rec. |              |                                         |                  |                                         |                       |                        |
| Check of reco              | Court                                                         | Father /   | 4. 7.       | Moc                                                                                                                                                                     | Ł                                            | N            | lother                                  | Coa              |                                         |                       |                        |
|                            | Deed                                                          |            |             |                                                                                                                                                                         | Name of Spouse Catherine                     |              |                                         |                  |                                         |                       |                        |
|                            | History                                                       |            |             | Spouse's<br>Data                                                                                                                                                        | Day                                          | Month        | Year                                    | City, Town or    | Place                                   | County or Province,   | etc. State or Country  |
|                            | □ <sub>Home</sub>                                             |            |             | Birth                                                                                                                                                                   |                                              |              |                                         |                  |                                         |                       |                        |
| e.                         | □Interview                                                    |            |             | Chr'nd                                                                                                                                                                  |                                              |              |                                         |                  |                                         |                       |                        |
|                            | Military                                                      |            |             | Death                                                                                                                                                                   |                                              |              |                                         | -                |                                         |                       |                        |
|                            | Obituary                                                      |            |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         |                       |                        |
|                            | Tombstone                                                     | Places o   | f Resid     | dence                                                                                                                                                                   |                                              |              |                                         |                  |                                         |                       |                        |
|                            | □Vital Record                                                 | Occupati   | on          |                                                                                                                                                                         |                                              | Church Affil | iation                                  | Milit            | ary Rec.                                |                       |                        |
|                            | Other                                                         | Father     |             |                                                                                                                                                                         |                                              |              | <b>Nother</b>                           |                  |                                         |                       |                        |
|                            | Original: Certified Copy: Reco                                | tion you   | find        | in the v                                                                                                                                                                | arious                                       | records or   | compa                                   | risons of statem | may easily make<br>ents, judge value of |                       |                        |
| Transcribed Copy: Extract: |                                                               |            |             | books as you do your research. (You will each, and record correct data on a perma-<br>find differences in records.) Make a sep- nent form such as A1, F1, F3 or F6. See |                                              |              |                                         |                  |                                         |                       |                        |
|                            | ☐ Photo Copy: ☐ Handwritten: ☐ Type                           | written:   | Printed     |                                                                                                                                                                         |                                              |              |                                         |                  |                                         |                       |                        |
|                            | gibility Children's names in full (Arrange in order of birth) | Children's | Day         | <u> </u>                                                                                                                                                                |                                              | ormatio      |                                         | en extracted     | <u></u>                                 | State or Country      | Add. info. on children |
|                            | Children's names in full (Arrange in order & bittle)          | Birth      | <del></del> | W179                                                                                                                                                                    |                                              |              | • • • • • • • • • • • • • • • • • • • • |                  |                                         |                       | 3 ap 195               |
|                            | Henrich                                                       | Mar.       | ,,,         | 00 / 1                                                                                                                                                                  |                                              |              |                                         |                  |                                         |                       | randfath               |
|                            | Full name of spouse*                                          | Death      |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         | A.                    | , mach +               |
|                            |                                                               | Burial     |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         | 8                     | va                     |
|                            | 2                                                             | Birth      | 21 9        | e179                                                                                                                                                                    | 6                                            |              |                                         |                  |                                         | 1-                    | DC1796                 |
|                            | Jara                                                          | Mar.       | 0           |                                                                                                                                                                         |                                              |              |                                         |                  |                                         | Q <sub>d</sub>        | hannes Phillips        |
|                            | Full name of spouse*                                          | Death      |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         | 95                    | legabelt"              |
|                            |                                                               | Burial     |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         |                       | 0                      |
|                            | 3 Deorg                                                       | Birth      | 26 5        | p179                                                                                                                                                                    | 7                                            |              |                                         |                  |                                         | 9                     | rcol Phillip           |
|                            | <i>'</i>                                                      | Mar.       | <u> </u>    |                                                                                                                                                                         |                                              |              |                                         |                  |                                         | C                     | Krenlena               |
| ļ                          | Full name of spouse*                                          | Death      |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         | 5                     | no 1797                |
|                            |                                                               | Burial     |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         |                       |                        |
| ,                          | 1 Philip                                                      | Birth      | 13 Ce       | 0186                                                                                                                                                                    | 4                                            |              |                                         |                  |                                         |                       | 900 1801               |
|                            |                                                               | Mar.       |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         |                       | don mock               |
|                            | Full name of spouse*                                          | Death      |             |                                                                                                                                                                         |                                              |              |                                         |                  |                                         |                       |                        |
|                            | <b>\</b>                                                      | ı          | 1           |                                                                                                                                                                         |                                              |              |                                         |                  |                                         | I                     |                        |

Cath 22 Sp 1862 Srankpareth Henry Mocken
Eva
Elenateth 6 Fe 1805 Bensick 1 Philip Mech
Cach

margreth 10 mm 1808
ap 10 1808 Marg.

Jehannes 11 leg 1811

24 deg 1811

mad Sofer

mad Sofer

gohn adom mock Father HUSBAND Mother Born Flourished Married Died Buried Other Marriages Father Sophia WIFE Mother Flourished Died Buried Other Marriages CHILDREN DATA DAY MONTH YEAR TOWN/CITY COUNTY/PROVINCE STATE/COUNTRY NAMES OF SPOUSES 1 Oc 1802 Born EBU-VIEW ®
Post Office Box 6335
Sante Ana, California 9 Married Died Born Married Died Married Died Born Marriec Died Born Married Died 6 Born Married Died 7 Born Married Died 8 Born Marrie Died 9 Born Married Died 10 Born Married Died 11 Born Married Died 12 Born Married Died~ GROUP RECORD BIOGRAPHICAL DATA FAMILY (

Copyright 1973 —

SOURCES OF INFORMATION

COMPILER OF RECORD

| FAMILY GROUP No. This Information Obtained From |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Day Month Year                                           | City, Town or Place                              | County or Province, etc.              | State or Country | Add. Info. on Hust                               |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|---------------------------------------|------------------|--------------------------------------------------|
|                                                 | Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                  | V                                     |                  |                                                  |
|                                                 | Chr'nd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                                  |                                       |                  |                                                  |
|                                                 | Mar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                  |                                       |                  |                                                  |
|                                                 | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                  |                                       |                  |                                                  |
|                                                 | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                                  |                                       |                  |                                                  |
|                                                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of Residence                                             |                                                  |                                       |                  |                                                  |
|                                                 | Occupat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          | Church Affili                                    | lation                                | Military Rec.    |                                                  |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | es, if any. No. (1) (2) etc.<br>rate sheet for each mar. |                                                  |                                       |                  |                                                  |
| <del></del>                                     | His Fat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | her                                                      |                                                  | Mother's Maiden Na                    | me               |                                                  |
|                                                 | $\dashv$ ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Wife's Full I                                            | Maidan Nam                                       | - Oudish                              |                  |                                                  |
|                                                 | Wife's [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Day Month Year                                           | City, Town or Place                              | County or Province, etc.              | State or Country | Add. Info. on Wif                                |
| . — — — — — — — — — — — — — — — — — — —         | Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Day Month rear                                           | City, Town of Table                              | Chair, or 1 tovines, etc.             | State of Country | Add Into di Wil                                  |
|                                                 | Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                  |                                       |                  |                                                  |
|                                                 | Chr'nd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                                  |                                       |                  |                                                  |
|                                                 | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                  |                                       |                  |                                                  |
| 0                                               | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of Residence                                             | <u> </u>                                         |                                       |                  | <u>'</u>                                         |
| Compiler                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | of Residence<br>tion if other than l                     | Housewife                                        | Church Affili                         | lation           |                                                  |
| Address<br>City, State                          | Occupation of the part of the | pands, if any. No. (1) (2) erate sheet for each mar.     | tc.                                              | Church Aith                           | latiUli          |                                                  |
|                                                 | Her Fat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |                                                  | Mother's Maiden Na                    | me               |                                                  |
| Date Children's Names in Full                   | Children's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          | la                                               |                                       |                  | 444 *-4                                          |
| (Arrange in order of birth)                     | Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Day Month Year                                           | City, Town or Place                              | County or Province, etc.              | State or Country | Add. Info. on Chi                                |
| Jud Henrich                                     | Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 240c1780                                                 |                                                  | · · · · · · · · · · · · · · · · · · · |                  | Kenneh                                           |
| //                                              | Mar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                  |                                       |                  | moch                                             |
| Full Name of Spouse*                            | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                  |                                       |                  | Eva                                              |
|                                                 | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                                  |                                       |                  | 19 NO 17                                         |
| 2                                               | Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                  | A.L                                   |                  |                                                  |
|                                                 | Mar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                  |                                       |                  |                                                  |
| Full Name of Spouse*                            | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                  |                                       |                  |                                                  |
|                                                 | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                                  |                                       |                  | <u></u>                                          |
| 3                                               | Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                  |                                       |                  |                                                  |
|                                                 | Mar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                  |                                       |                  |                                                  |
| Full Name of Spouse*                            | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                  |                                       |                  |                                                  |
|                                                 | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                                  |                                       |                  |                                                  |
| 4                                               | Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del></del> _                                            |                                                  |                                       |                  |                                                  |
|                                                 | Mar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                  |                                       |                  | <del> </del>                                     |
| Full Name of Spouse*                            | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                  |                                       |                  | <del>                                     </del> |
|                                                 | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                                  |                                       |                  |                                                  |
| 5                                               | Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                  |                                       |                  | <u> </u>                                         |
| P. H. M 4 C 4                                   | Mar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                  |                                       |                  | <del> </del>                                     |
| Full Name of Spouse®                            | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | <del> </del>                                     |                                       |                  | <del> </del>                                     |
|                                                 | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          | <del> </del>                                     |                                       | <del></del>      | <del> </del>                                     |
| 6                                               | Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | <del> </del>                                     |                                       | <del></del>      | <del> </del>                                     |
| Eull Name of Course                             | Mar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          | <del>                                     </del> |                                       |                  | -                                                |
| Full Name of Spouse*                            | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | <del> </del>                                     |                                       |                  | 1                                                |
|                                                 | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                                  |                                       |                  | <del> </del>                                     |
| 7                                               | Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | <del> </del>                                     |                                       |                  | -                                                |
| Full Name of Spouse*                            | Mar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                  |                                       |                  | +                                                |
| or openio                                       | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | +                                                |                                       |                  | <del>                                     </del> |
|                                                 | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          | +                                                |                                       |                  | +                                                |
| 8                                               | Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del>                                     </del>         |                                                  | <u>-</u>                              |                  | +                                                |
| Full Name of Spouse®                            | Mar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                                                        | <del>                                     </del> |                                       |                  | <del> </del>                                     |
| o. pposo-                                       | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | <del> </del>                                     |                                       |                  | <del> </del>                                     |
| 0                                               | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          | +                                                | <del></del>                           |                  | <del>                                     </del> |
| 9                                               | Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | +                                                |                                       |                  | <del> </del>                                     |
| Full Name of Spouse*                            | Mar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          | -                                                |                                       |                  | <del> </del>                                     |
| i mi itamo di opouno                            | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | +                                                |                                       | <del></del>      | <del> </del>                                     |
| 1.0                                             | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          | +                                                | <del> </del>                          | <del></del>      | +                                                |
| 10                                              | Birth<br>Mar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <del> </del>                                             | -                                                |                                       |                  | <del> </del>                                     |
| Full Name of Spouse*                            | Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | <del></del>                                      |                                       |                  |                                                  |
| · •                                             | Burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                                  |                                       |                  | <del></del>                                      |

© Copyright 1973 —

SOURCES OF INFORMATION

COMPILER OF RECORD

ered from various sources )

DATA WORK SHEET (For recording genealogical information as it is gathered from various sources.) Search No. Enclosure No. Name of Subject Subject's City, Town or Place Printed Record Vol. Page Location Birth **Document Dated** Recorded Chr'nd Who controls or has record? e or type describe. Mar. Bible Death Census Burial Church Places of Residence ਹੁੰਦੇ ☐ Court Correspondence Occupation Church Affiliation Military Rec. Father Mother Deed Name of Spouse Spouse's History City, Town or Place County or Province, etc. State or Country □<sub>Home</sub> Birth □ Interview Chr'nd ☐<sub>Military</sub> Death Obituary Burial ☐ Tombstone Places of Residence ☐Vital Record Church Affiliation Military Rec. Occupation Other Father Mother Copy verbatum on this form the informa- from all sources, you may easily make Original: Certified Copy: Recorded Copy: tion you find in the various records or comparisons of statements, judge value of books as you do your research. (You will each, and record correct data on a perma-Transcribed Copy: Extract: find differences in records.) Make a sep- nent form such as A1, F1, F3 or F6. See Photo Copy: Handwritten: Typewritten: Printed arate sheet for each search or each name The Sixth Edition THE HOW BOOK FOR or family on your line found in a search. GENEALOGISTS for additional suggestions Then, after information has been extracted regarding the use of this sheet. Legibility City, Town or Place County or Province, etc. State or Country Day Sex Children's names in full (Arrange in order of birth) Birth Mar. Death Burial 3ap1189 Birth Mar. Full name of spouse\* Death Burial 5ga 1794 Birth Mar. Full name of spouse Death Burial 1 Birth Mar. Full name of spouse Death Burial

elf married more than once No. each mar. (1) (2) etc. and list in "Add. info. on children" column. Use space below or reverse side for additional children, other notes, references or information.

© Copyright 1973 — ECO-VIEW® Sox 6335 Santa Ana, California 92706

| HUSBAND         | may do   | el albe         | 1        |                      | Father               |                             |
|-----------------|----------|-----------------|----------|----------------------|----------------------|-----------------------------|
| Born            | Ivamo    | an accur        | //       |                      | Mother               |                             |
| Flourished      |          |                 |          |                      |                      |                             |
| Married         |          |                 |          |                      |                      |                             |
| Died            |          |                 |          |                      |                      |                             |
| Buried          |          |                 |          |                      |                      |                             |
| Other Marriages |          |                 |          |                      |                      |                             |
|                 |          |                 |          |                      | Father               |                             |
| WIFE            | ·        | -               |          |                      | Mother               |                             |
| Born            |          |                 |          |                      |                      |                             |
| Flourished      |          |                 |          |                      |                      |                             |
| Died            |          |                 |          |                      |                      |                             |
| Buried          |          |                 |          |                      |                      |                             |
| Other Marriages |          |                 |          |                      |                      |                             |
| SEX             | CHILDREN |                 | NTH YEAR | TOWN/CITY COUNTY/PRO | OVINCE STATE/COUNTRY | NAMES OF SPOUSES            |
| 1 ma            | ria      | Born            |          |                      |                      | adon Kohm                   |
| B               | ria      |                 | 1786     |                      |                      | adan Rohm<br>3 of John Rohm |
|                 | and all  | Died            |          |                      |                      |                             |
| 2               |          | Born            |          |                      |                      |                             |
|                 |          | Married         |          |                      |                      |                             |
| 3               |          | Died<br>Born    |          |                      |                      |                             |
| 3               |          | Married         | -        |                      |                      |                             |
|                 |          | Died            |          |                      |                      |                             |
| 4               |          | Born            |          |                      |                      |                             |
|                 |          | Married         |          |                      |                      |                             |
|                 |          | Died            |          |                      |                      |                             |
| 5               |          | Born            |          |                      |                      |                             |
|                 |          | Married         |          |                      |                      |                             |
|                 |          | Died            |          |                      |                      |                             |
| 6               |          | Born            |          |                      |                      |                             |
|                 |          | Married         |          |                      |                      |                             |
|                 |          | Died            |          |                      |                      |                             |
| 7               |          | Born            |          |                      |                      |                             |
|                 |          | Married         |          |                      |                      |                             |
|                 |          | Died            |          |                      |                      |                             |
| 8               |          | Born            |          |                      |                      |                             |
|                 |          | Married         |          |                      |                      |                             |
|                 |          | Died            |          |                      |                      |                             |
| 9               |          | Born            |          |                      |                      |                             |
|                 |          | Married         |          |                      |                      |                             |
|                 |          | Died            |          |                      |                      |                             |
| 10              |          | Born            |          |                      |                      |                             |
|                 |          | Married         |          |                      |                      |                             |
|                 |          | Died            |          |                      |                      |                             |
| 11              |          | Born            |          |                      |                      |                             |
|                 |          | Married         |          |                      | •                    |                             |
| 12              |          | Died            |          |                      |                      |                             |
| 12              |          | Born            |          |                      |                      |                             |
|                 |          | Married<br>Died |          |                      |                      |                             |
|                 |          | Died            |          |                      |                      |                             |
|                 |          |                 |          |                      |                      |                             |
|                 |          |                 |          |                      |                      |                             |
|                 |          |                 |          |                      |                      |                             |
|                 |          |                 |          |                      |                      |                             |
|                 |          |                 |          |                      |                      |                             |
|                 |          |                 |          |                      |                      |                             |
|                 |          |                 |          |                      |                      |                             |
|                 |          |                 |          |                      |                      |                             |
|                 |          |                 |          | BIOGRAPHICAL DATA    |                      |                             |
|                 |          |                 |          |                      |                      |                             |
|                 |          |                 |          |                      |                      |                             |
|                 |          |                 |          |                      |                      |                             |

SOURCES OF INFORMATION

COMPILER OF RECORD

© Copyright 1973 — ECO-VIEW ® Post Office Box 6335 Santa Ana, California 92706

| DATA Born Marrier Died Born Marrier Died Born | DAY MONTH YEAR  Op 18 1747  1   Fe 1773                                                                                                                                                                                                           | TOWN/CITY COUNTY/PROVINCE STATE/                                                                                                                                                                                                          | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATA Born Marrier Died Born Marrier Died Born | DAY MONTH YEAR  Op 18 1747  1   Fe 1773                                                                                                                                                                                                           | TOWN/CITY COUNTY/PROVINCE STATE/                                                                                                                                                                                                          | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| DATA Born Marrier Died Born Marrier Died Born | DAY MONTH YEAR  Op 18 1747  1   Fe 1773                                                                                                                                                                                                           | TOWN/CITY COUNTY/PROVINCE STATE/                                                                                                                                                                                                          | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| DATA Born Marrier Died Born Marrier Died Born | DAY MONTH YEAR  Op 18 1747  1   Fe 1773                                                                                                                                                                                                           | TOWN/CITY COUNTY/PROVINCE STATE/                                                                                                                                                                                                          | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| DATA Born Marrier Died Born Marrier Died Born | DAY MONTH YEAR  Op 18 1747  1   Fe 1773                                                                                                                                                                                                           | TOWN/CITY COUNTY/PROVINCE STATE/                                                                                                                                                                                                          | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| DATA Born Marrier Died Born Marrier Died Born | DAY MONTH YEAR  Op 18 1747  1   Fe 1773                                                                                                                                                                                                           | TOWN/CITY COUNTY/PROVINCE STATE/                                                                                                                                                                                                          | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| DATA Born Marrier Died Born Marrier Died Born | DAY MONTH YEAR  Op 18 1747  1   Fe 1773                                                                                                                                                                                                           | TOWN/CITY COUNTY/PROVINCE STATE/                                                                                                                                                                                                          | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| DATA Born Marrier Died Born Marrier Died Born | DAY MONTH YEAR  Op 18 1747  1   Fe 1773                                                                                                                                                                                                           | both                                                                                                                                                                                                                                      | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| Born Married Died Born Married Died Born      | ap18 1747<br>1 Fe 1773                                                                                                                                                                                                                            | both                                                                                                                                                                                                                                      | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| Born Married Died Born Married Died Born      | ap18 1747<br>1 Fe 1773                                                                                                                                                                                                                            | both                                                                                                                                                                                                                                      | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| Born Married Died Born Married Died Born      | ap18 1747<br>1 Fe 1773                                                                                                                                                                                                                            | both                                                                                                                                                                                                                                      | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| Born Married Died Born Married Died Born      | ap18 1747<br>1 Fe 1773                                                                                                                                                                                                                            | both                                                                                                                                                                                                                                      | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| Born Married Died Born Married Died Born      | ap18 1747<br>1 Fe 1773                                                                                                                                                                                                                            | both                                                                                                                                                                                                                                      | m. Barbare                                                                                                                                                                                                                                                                                      | SPOUSES                                                                                                                                                                                                                                                                                                                                          |
| Died Born Marriec Died Born                   | 1 Fe 1773                                                                                                                                                                                                                                         | Coth of Tulphod                                                                                                                                                                                                                           | m. Barbare                                                                                                                                                                                                                                                                                      | 1 -                                                                                                                                                                                                                                                                                                                                              |
| Born<br>Married<br>Died<br>Born               |                                                                                                                                                                                                                                                   | of Tulkhod                                                                                                                                                                                                                                | m. Barbare                                                                                                                                                                                                                                                                                      | 1)                                                                                                                                                                                                                                                                                                                                               |
| Born<br>Married<br>Died<br>Born               |                                                                                                                                                                                                                                                   | of Tulphod                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 | Ketn                                                                                                                                                                                                                                                                                                                                             |
| Born<br>Married<br>Died<br>Born               |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           | dan Beorge n                                                                                                                                                                                                                                                                                    | neche                                                                                                                                                                                                                                                                                                                                            |
| Died<br>Born                                  |                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                         | 6                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                  |
| Born                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
|                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
|                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Married                                       |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Died                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Born                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Married                                       |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Died                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Born                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Married                                       |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Died                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Born                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Married                                       |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Died                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Born                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Married                                       | I                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Died                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Born                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Married                                       |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Died                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Born                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Marrie                                        | 1                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Died                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Born                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Marrie                                        | 1                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Died                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Born                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Marrie                                        | 1                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Died                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Born                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Marrie                                        | 1                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| Died                                          |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
|                                               | Married Died Born Married | Married Died Born | Married Died Born | Married Died Born Married Died |

© Copyright 1973 — ECO-VIEW ® Post Office Box 6335 Santa Ana, California 92706

| HUSBAND         | martin      | of the          |                | Mother                                    |                |
|-----------------|-------------|-----------------|----------------|-------------------------------------------|----------------|
| Born            |             |                 |                |                                           |                |
| Flourished      | 9 My 1      | -01             |                |                                           |                |
| Married         | 1 July 1    | 100             |                |                                           |                |
| Died            |             |                 |                |                                           |                |
| Buried          |             |                 |                |                                           |                |
| Other Marriages |             | ,               | 0 0            | Father                                    |                |
| WIFE            | Chri        | ten             | 2 Red.         | Mother                                    |                |
| Born            |             | -               |                | Moties                                    |                |
| Flourished      |             |                 |                |                                           |                |
| Died            |             |                 |                |                                           |                |
| Buried          |             |                 |                |                                           |                |
|                 | ,           |                 |                |                                           |                |
| Other Marriages | CHILDREN    | DATA            | DAY MONTH YEAR | TOWN/CITY COUNTY/PROVINCE STATE/COUNTRY   | NAMES OF SPOUS |
| 1               | CHIEDREIT   | Born            | DAT MORTH TEAK | Town, car count, the times of the country | 1000           |
|                 |             |                 |                |                                           |                |
|                 |             | Married<br>Died |                |                                           |                |
| 2               |             | Born            |                |                                           |                |
|                 |             | Married         |                |                                           |                |
|                 |             | Died            |                |                                           |                |
| 3               |             | Born            |                | -                                         |                |
|                 |             | Married         |                |                                           |                |
|                 |             | Died            |                |                                           |                |
| 4               |             | Born            |                |                                           |                |
|                 |             | Married         |                |                                           |                |
|                 |             | Died            |                |                                           |                |
| 5               |             | Born            |                |                                           |                |
|                 |             | Married         |                |                                           |                |
|                 |             | Died            |                |                                           |                |
| 6               |             | Born            |                |                                           |                |
|                 |             | Married         |                |                                           | +              |
|                 |             | Died            |                |                                           |                |
| 7               |             | Born            |                |                                           |                |
|                 |             | Married         |                |                                           |                |
|                 |             | Died            |                |                                           |                |
| 8               |             | Born            |                |                                           |                |
|                 |             | Married         |                |                                           |                |
|                 |             | Died            |                |                                           |                |
| 9               |             | Born            |                |                                           |                |
|                 |             | Married         |                |                                           |                |
|                 |             | Died            |                |                                           |                |
| 10              |             | Born            |                |                                           |                |
|                 |             | Married         |                |                                           |                |
|                 |             | Died            |                |                                           |                |
| 11              |             | Born            |                |                                           |                |
|                 |             | Married         |                |                                           |                |
|                 |             | Died            |                |                                           |                |
| 12              |             | Born            |                |                                           |                |
|                 |             | Married         |                |                                           |                |
|                 |             | Died            |                |                                           |                |
|                 |             |                 |                |                                           |                |
|                 |             |                 |                |                                           |                |
|                 |             |                 |                |                                           |                |
|                 |             |                 |                |                                           |                |
|                 |             |                 |                |                                           |                |
|                 |             |                 |                |                                           |                |
|                 |             |                 |                |                                           |                |
|                 |             |                 |                |                                           |                |
|                 |             |                 |                | DIOCENTRICAL DATA                         |                |
|                 |             |                 |                | BIOGRAPHICAL DATA                         |                |
|                 |             |                 |                | -                                         | ,              |
|                 |             |                 |                |                                           |                |
|                 | INFORMATION |                 |                | COMPILER OF RECORD                        | MISCELLANEOUS  |

© Copyright 1973 — ECO-VIEW® Sox 6335 Santa Ana, California 92706

| Born            |          |         | ingler         |                                             |                |
|-----------------|----------|---------|----------------|---------------------------------------------|----------------|
| Flourished      |          |         |                |                                             |                |
| Married         |          |         |                |                                             |                |
| Died            |          |         |                |                                             |                |
| Buried          |          |         |                |                                             |                |
| Other Marriages |          |         |                |                                             |                |
| 0-7             | ^        |         |                | Father                                      |                |
| WIFE            | ann      | 2       |                | Mother                                      |                |
| Born            |          |         |                | mether                                      |                |
| Flourished      |          |         |                |                                             |                |
| Died            |          |         |                |                                             |                |
|                 |          |         |                |                                             |                |
| Buried          |          |         | 27             |                                             |                |
| Other Marriages | CHILDREN | DATA    | DAY MONTH YEAR | TOWN /CITY COUNTY / BROVINGE STATE / COUNTR | NAMES OF SPOUS |
| SEX             | CHILDREN | DATA    |                | TOWN/CITY COUNTY/PROVINCE STATE/COUNTR      |                |
| 1               |          | Born    | 22 Va 1764     |                                             | 13 Feb:        |
|                 |          | Married |                |                                             | Reter men      |
|                 |          | Died    |                |                                             | WI (           |
| 2               |          | Born    |                |                                             |                |
|                 |          | Married |                |                                             |                |
|                 |          | Died    |                |                                             |                |
| 3               |          | Born    |                | 1                                           |                |
|                 |          | Married |                |                                             |                |
|                 |          | Died    |                |                                             |                |
| 4               |          | Born    |                |                                             |                |
|                 |          | Married |                |                                             |                |
|                 |          | Died    |                |                                             |                |
| 5               |          | Born    |                |                                             |                |
|                 |          | Married |                |                                             |                |
|                 |          | Died    |                |                                             |                |
| 6               |          | Born    |                |                                             |                |
|                 |          | Married |                |                                             |                |
|                 |          | Died    |                |                                             |                |
| 7               |          | Born    |                |                                             |                |
|                 |          |         |                |                                             | *              |
|                 |          | Married |                |                                             |                |
| 0               |          | Died    |                |                                             |                |
| 8               |          | Born    |                |                                             |                |
|                 |          | Married |                |                                             |                |
|                 |          | Died    |                |                                             |                |
| 9               |          | Born    |                |                                             |                |
|                 |          | Married |                |                                             |                |
|                 |          | Died    |                |                                             |                |
| 10              |          | Born    |                |                                             | _              |
|                 |          | Married |                |                                             |                |
|                 |          | Died    |                |                                             |                |
| 11              |          | Born    |                |                                             |                |
| 259             |          | Married |                |                                             |                |
|                 |          | Died    |                |                                             |                |
| 12              |          | Born    |                |                                             |                |
|                 |          | Married |                |                                             |                |
|                 |          | Died    |                |                                             |                |
|                 |          |         | li.            |                                             |                |
|                 |          |         |                |                                             |                |
|                 |          |         |                |                                             |                |
|                 |          |         |                |                                             |                |
|                 |          |         |                |                                             |                |
|                 |          |         |                |                                             |                |
|                 |          |         |                |                                             |                |
|                 |          |         |                |                                             |                |
|                 |          |         |                |                                             |                |
|                 |          |         |                | DISCONTINUOUS BY                            |                |
|                 |          |         |                | BIOGRAPHICAL DATA                           |                |
|                 |          |         |                |                                             |                |
|                 |          |         |                |                                             |                |
|                 |          |         |                |                                             |                |

## PART B - REGISTER OF BORDNER MALES AND THEIR FAMILIES

- 7. Jack M. (1926 m. Patricia L. Palmer (1928 Son of Ora H. and Nellie Elsner. Born in Hayden, N. M. Ass't. sup't. of Shasta Trailer Co., Pacoima, Calif. Also lived in Clayton, Las Vegas, and Santa Fe., N.M. and Burbank, Calif. Veteran World War II U. S. Marine Corps. Children: SusanB. and Mary L.
- 8. Jackie Lee (1942 , Son of Harvey L. and Thelma R. Davis, Lancaster, Tex.
- 2. Jacob (c1720 1792) m. Sarah Balt (c1730 c1800)

  Son of Balthaser Bortner and Maria Elisabetha \_\_\_\_\_. Born in one of the independent German States in the Rhine River Valley, probably the Palatinate. Came to Pennsylvania Colony with parents in 1732. Farmer in the Tulpehocken Settlement (area originally in Lancaster Co., but in Berks Co. after 1752). Acquired farm in 1761 from the Proprietors, Richard and Thomas Penn, in Bethel Twp., Berks Co. In Colonial military service during King George's War (1746/7). Children: (John) Jacob, Anna Maria (Schneider), William, John, Barbara, Peter, Daniel. First to change family name to "Bordner".
  - 3. (John) Jacob (1754 1837) m. Anna Maria Brosz (1761 1839)
    Son of Jacob and Sarah Balt. Born in Tulpehocken Settlement, Berks Co., Pa. Inherited father's farm in Bethel Twp., Berks Co. In Pennsylvania militia during Revolutionary War. Children: Catharine (Lebo), Jacob (died in childhood), John, Mary Elizabeth (Deck?), Susanna, Eva Maria (Knebel?), Juliana (Weber), Jacob.
  - 4. Jacob (1774 c1828) m. Elizabeth (c1778 c1852)

    Son of Jacob Bortner and Susanna (Meyer?). Born in Warwick Twp., Lancaster Co.,
    Pa. Sometimes known as "Bordner", although it is uncertain whether he changed his
    name. However, children used "Bordner" name. Farmer in East Pennsborough Twp.,
    Cumberland Co., Pa. and Beaver Twp., Northumberland Co. (part later in Union
    Co. and now in Snyder Co.), Pa. Children: Jacob, George, Elizabeth (Manger or
    Mengel), Catharine (Wagoner), Hannah (Wolf Wormley), Benjamin, Sophia (Durling
     Windecker). Widow lived in Town of Fayette, Seneca Co., N. Y.
  - 4. Jacob (1782 c1790). Son of Jacob and Anna Maria Brosz, Bethel Twp., Berks Co., Pa.
  - 4. Jacob (1785 1823) m. Elizabeth Kern (1805 ?)
    Son of Daniel and Eva (Knaeves ?). Born in Bethel Twp., Berks Co., Pa. Farmer in Turbot Twp. Northumberland Co., Pa. Family returned to Bethel Twp., Berks Co. after he died. Children: Maria (Moll), John, Henry, Elizabeth (Schaffer), Catnarine (Bechtel), Susanna (Smith), Lydia (Moyer).
- Li. Jacob (1787 185\_) m. Maria (1790 1869)
  Son of William and Elizabeth Koppenheffer. Born in Bethel Twp., Berks Co., Pa.
  Farmer in Mifflin Twp. and Lykens Twp., Dauphin Co., Pa. Children: Catharine (Imshoffstall), Anna Maria (Mary Harman), Jacob, Jonathan (John), Veronica (Fronicka)(Shell), William, and possibly one or two others who died in infancy.
  - 4. Jacob (1793 1867) m. Catharine Lerch (1793 1868)

    Son of Jacob and Anna Maria Brosz (second of that name, the first having died in childhood). Farmer, Bethel Twp., Berks Co., Pa. Inherited part of his father's farm, including homestead. Children: Joanna, Augustus L., John, Mary (Rollman), Thomas L. (Lerch?).

1832 - (1142) Recommendation for Night Watch

Orndorff & Wilson

1823 - (656) Flour Inspection Return, by
1824 - (760) Fetition - Change City Court System
1825 - (133) Inspection of Flour & etc.
1826 - (445) Council Correspondence, Regulating of Ordinance, Display Cargo from Vessels

Orndorff John II. Ordinance regulating ten pin Alleys 1831 - (1261) Lot, Howard, Fratt & Franklin Sts., Lay tracks, B O & RR Paca & Pratt Sts., 1832 -Lease, N. E. Cor. Balto. & Paca Sts., Construct MR on Paca St. Bridge, Pave, Balto. Paca & Chatsworth Plat, Cove, Balto. & Pratt Sts., 1832 - ( 313) 1832 - ( 1833 - ( 453) 1833 - (267 ) 1833 - (616 ) West Market St. Condition Lexington Mkt. Erect shed 1853 - [ 667) 1834 - ( 300) Shooting Callery Barkets - andition to Lex. 1835 - (671 ) App., Dept. of health. 1837 - (551) 1838 - (560) Changing mode, paving sts. 1838 - (1213) Lay track, Balto. & Susquehenna R.R. 1838 - (1849) Police Report.

to the first state of the

(2)

1839 - (634) - Repair, Eutaw St.

Orndorff, John H.

1831 - (595)

1825 - ( 178) Western Part City, Abate Núisance (Swine 1826 - (490) Pet.to Council, Reduction in Licenses 1827 - (1300) Dog Tax Returns & Reports 1828 - ( 382) Butter & Lard Inspection 1828 - (411) Flaxseed Inspection 1828 - ( 425) Prohibit Colored Hack Drivers 1828 - (1620) Flour Inspection 1829 - (536)Lex. Market Clerk's Compensation .1829 - ( 585) Petition for Watchman 1820 - ( 53) Lot. Lex. & Market Space. 1830 - ) 8). Lots, Paca & Baltimore 1830 - ( 91) Pave, Balto. & Cove Sts., 1830 -(1378) Flour Inspection 1831 - ( 860) Paving

Repairing Cider Alley

Chart 1

## SHERRY SHOPP REHR 1808 - 1st Ave. West Seattle, WA 98119

|                            | Seattle,                                             | WA 98119                        |                                               |                        | 111211    | liam Rehr 64                     | Richard J. Rehr                     |               |
|----------------------------|------------------------------------------------------|---------------------------------|-----------------------------------------------|------------------------|-----------|----------------------------------|-------------------------------------|---------------|
| 1 1 60                     | Name Sherry Shopp                                    | Rehr PEDIGREE CHA               | RT Date 25 June 1981                          | Lambert Abel Rehr      | 32 [ 121] | liam Rehr 64                     | !'ary Elizabeth Eck                 |               |
| wife                       | mother                                               |                                 | 16                                            |                        | Care      | oline Clemmer 66                 | Joan Clemmer                        |               |
| 6                          | 111                                                  | à                               | Garrett John Rehr                             |                        | 33 Care   | 67                               |                                     |               |
|                            | 1111                                                 | _                               |                                               | ì                      | Henr      | ry Brady 66                      |                                     |               |
| ğ e                        | 1111                                                 |                                 | Bom 4 Nov 1887                                | Rosa Virginia Brady (1 | 1st)      | 69                               |                                     |               |
| State                      |                                                      | (Paternal grandfather)          | Where Reading, Berks Co. 17                   |                        |           | garet Stump 70                   |                                     |               |
| 1 5                        |                                                      | John Jacob Rehr                 | Mar. Aug 1920 Where                           |                        | 35 L.     | 71                               |                                     |               |
| 2                          | 1111                                                 | Born 14 Aug 1921                | Died 17 Apr 1934                              |                        | 36 Pete   | er Fry 72                        |                                     |               |
| ame                        |                                                      | Where Palmyra, Lebanon Co., P.  | Where Reading, PA                             | John Apple Fry         |           | 73                               | Sarah hauck<br>Samuel H. Appel      |               |
| Z                          | 1111                                                 | When married 21 Sep 1941        | 1                                             |                        | 37 Eliz   | zabeth K. Apple 74               | Anna Yurtz                          |               |
| 1 1 1                      |                                                      | Where married Carlisle, PA      | Anna Fry (2nd)                                | {                      |           | 75                               | Charles E. Addams                   |               |
| 1 1 1                      | Your father                                          | Died                            | Bom 2 Mar 1892                                | Maggie Irene Addams    | 38 Dani   | iel Hain Addams 76               | Eannah lisin                        |               |
|                            | (100) talker)                                        | Where                           | Where Ephrata, Lanc. Co. 19                   |                        |           | 271                              | Daniel Ulrich                       |               |
| 1 1 1                      | , John Jacob Rehr                                    |                                 | Died                                          |                        | 39 L Susa | an Ulrich · 78                   |                                     |               |
| Seattle                    |                                                      | 7                               | Where                                         |                        | Jess      | se Ruhl 80                       | Christian Ruhl                      |               |
|                            | Born 6 May 1945                                      |                                 |                                               | 'Jesse Ruhl            | 40 Jess   | 81                               | Catherine                           |               |
|                            | Where Carlisle, PA                                   | 1                               | 20                                            |                        | Mars      | y Ann Gladfelter 82              | Ceorge Gladfelter                   |               |
| 1 1 1                      | When merried 27 Apr 1966 Where married Ann Arbor, MI | 10                              | John Thomas Ruhl                              |                        | 4,        | 83                               | John L. McCrenry                    |               |
| ŧ                          | Died                                                 | [Paternal grandmother]          | Born 27 !!ay 1877 Cumb Co                     |                        | 42 Same   | uel McCreary 84                  | Tuliana Tesse                       |               |
| ا ۾ ا                      | Where                                                | (Laterial Arguerian)            | Where Middlesex Twp., Cumb.Co.                | Julia Ann McCreary     |           | 85                               | Acres C Plantford                   |               |
| §                          |                                                      | Florence Mae Ruhl               | Mar. 8/18/08 Where Waynesboro                 |                        | 43 Harri  | iet Ann Blackford 86             | Christiana Miller                   |               |
| 1                          |                                                      | )                               | Died 17 Sep 1941                              |                        |           | 87                               |                                     |               |
|                            |                                                      | Born 12 Dec 1919                | Where Carlisle, Cumberland                    | Robert Franklin Kent   | 44 PALET  | red John Kent 88                 | <b>*</b> *[                         |               |
|                            |                                                      | Where Johnstown, Cambria Co.    | Co., PA 22                                    | f <del></del>          | Poly      | ecca Markey 90                   | John Markey (2nd)                   |               |
| ≷ ان ا                     |                                                      | Died 11                         | Lottie Elanch Kent                            | İ                      | 45 L Rebe | ecca harkey 90                   | - Refecca (Nosemberry) Recier,      | widow         |
|                            |                                                      | Where                           | 10 1 1000                                     |                        | 46 _ Aust | tin Allen Mort 92                | William Mort                        |               |
|                            |                                                      |                                 | Born 13 Jun 1888                              | Florence Hae Mort      |           | 93                               |                                     |               |
| Tat                        | <u> </u>                                             |                                 | Where Fannettsburg, PA 23                     |                        | 47 Susa   | an Hollenbaugh 94                |                                     |               |
|                            |                                                      |                                 | Where Carliste, PA                            |                        |           | 95                               | Tary Sehner                         |               |
|                            |                                                      |                                 | Where Carliste, PA                            |                        | 48 Dav    | id Shopp 96                      |                                     |               |
| Address 1808               |                                                      | •                               | 24                                            | Jacob Shelley Shopp    |           | 97                               |                                     |               |
| <u> </u>                   |                                                      | 12                              | Jacob Sadler Shopp                            |                        | 49 Lydi   | ia Shelley 98                    |                                     |               |
| Addre<br>narried<br>Diego, |                                                      | 12                              |                                               | İ                      | •         | 99                               | Joseph Sadler                       |               |
| - Add                      |                                                      | [Maternal grandfather]          | 8om 10 Jun 1877                               | Elizabeth Sadler       | 50 L Jaco | ob Sadler 100                    |                                     |               |
| 1 1 5 -                    |                                                      | (0.11.)                         | Where Monroe Twp., Cumb.Co 25                 |                        | Robe      | ecca Strock 102                  | Jacob Strock                        |               |
| When r                     |                                                      | (Sadler) Alton Shopp            | Mar. 9/29/04 Where Elliotsburg                |                        | 51 L. KED | 103                              | Elizabeth Vise                      |               |
| } .                        | <i>'</i>                                             | Born 17 Aug 1911                | Died 24 Sep 1952                              | •                      | 52 Henr   | ry Fleisher 104                  | George Fleisher                     |               |
| 1975                       |                                                      | Where Allen, Cumberland Co.     | Where South Middleton Twp.,                   | Samuel Fleisher        |           | 105                              | Henry Smith                         |               |
| 1                          |                                                      | When married 14 Nov 1942        | Cumberland Co., PA 26                         |                        | 57 Anna   | a Mary Smith 106                 | Fliesboth Varble                    | •             |
|                            |                                                      | Where merried Hagerstown, MD 13 | Maude Edith Fleisher                          | {                      |           | 107                              | David Tressler                      |               |
| Jan V                      | [Your Mother]                                        | Died .                          | Born 18 Jun 1878                              | Mary Ellen Tressler    | 54 John   | n Tressler 108                   | Cathanina Barnhainal                |               |
| ქ ი                        |                                                      | Where                           | Where Juniata Tup., Perry 27                  | mary Liten Tressier    | — ,,,,,,  | y "Polly" Dum (1)110             |                                     |               |
| ttle,                      | 3 Sherry Annetta Shopp                               |                                 | Died 27 Dec 1943                              |                        | 55 L.Hat  | 111                              | Elizabeth Souder                    | .,            |
|                            | Born 12 Aug 1945                                     |                                 | Where South Middleton Twp.,                   |                        | Jose      | eph Toner 112                    | ,                                   | ( ) · · · · · |
| Rehr<br>ne Sen             | Where Carlisle, PA                                   |                                 | Cumberland Co., PA                            | Eli David Toner        | 56 - 305  | 113                              |                                     | 1.            |
| S 5 5                      | Died                                                 |                                 | 28                                            |                        | Rebe      | ecca Cline (2nd) 114             | John Cline/Johannes Klein           |               |
| -                          | Where                                                | 14                              | Emilius Silas Toner                           | [                      | 57        | 115                              | Susanna                             |               |
| Pcarl<br>378 Wh<br>Sadler  |                                                      | [Maternal grandmother]          | 0 - 5 Van 1006                                |                        | 58John    | n Kinter 116                     | Valentine Kinter Vacdalena Hoffman  |               |
| la Pca<br>1978<br>: Sad1   |                                                      |                                 | Bom 5 Nov 1886 Where Mt. Holly Springs, PA 29 | Lucy A. Kinter         |           | 117                              |                                     |               |
|                            |                                                      | 7 Ruth Lillian Toner            | Mar. 4/24/16 Where II.H.S.                    |                        | 59 Ridna  | a Fredretta Rapp 118             |                                     |               |
| 2 Jan 1 Jesse              | Note: Substitute the abbreviation                    | Born 15 Nov 1916                | Died 16 Nov 1935                              |                        | Sam       | (2nd)118                         | Commol Commold                      |               |
|                            | when required: b - born, d - dies,                   | Where Cove, Perry Co., PA       | Where Mt. Holly Springs,                      | George W. Harrold      | 60        | uel Earrold (1st) <sub>120</sub> | Elizabeth Kern                      |               |
| 1 7 7                      | w - where, m - married                               | Died                            | Cumberland Co., PA 30                         |                        | Marc      | aret Jane Rhoads 122             | George Rhoads                       |               |
| 9                          | or show number on reverse                            | Where 15                        |                                               | l                      | 61 [      | (3rd)123                         | Pargaret NCLaughlin                 |               |
| пате)                      | side of sheet with information.                      |                                 | Born 15 Har 1893                              | ]                      | 62 Will:  | iam Andrew Myers 124             | John livers                         |               |
| 5 E                        |                                                      |                                 | Where Rye Twp., Perry Co. 31                  | Annia Melinda Myers    | 02        | 400                              | 🗝 Susanna Noss                      |               |
| Your                       | Seattle Genealogical Society P.O. Box 5              | 49. Seattle, Wash. 98111        | Died 21 Apr 1970                              |                        | Mary      | Ann Eliz.Zorger 126              | Adam Henry Zorger<br>Elizabeth Bare |               |
| _                          |                                                      | ••                              | Where Mt. Holly Springs, PA                   |                        |           | 127                              | FRANCEL POLE                        |               |

## John Timon Reily Historical Society

of the Conewago Valley

## Member of Pennsylvania Federation of Historical Societies

REESEARCH BULLETIN #9

June 1982

THE ADAMS FAMILY OF CONEWAGO
AN AMERICAN CATHOLIC PIONEER FAMILY OF PENNSYLVANIA

Thomas Adams was born in the British Isles, probably Ireland, on July 5, 1735. Tradition has it that he came to America in the 1750s. In 1756 he acquired 118 acres in York Co, present day Adams Co., Pa., near a Jesuit Mission called Conewago Chapel, not far from Hanover. Thomas is said to have served both as a Provincial and Revolutionary War soldier.

Thomas married Magdalena, and they had nine children between 1755 and 1776

Joseph, born 1755-1758, married Elizabeth
Jacob, born July 10, 1761, married Mary
Thomas, born 1762-1764, married Maria
John, born 1764-1765, married Elizabeth
William, born 1765-1766, married Eve Sanker(Zanker)
Ignatius, born 1767, married Maria
Elizabeth, date unknown, married Peter Kaylor(Kehler)
Mary, born 1772-1773, married John Elder
Richard, born Sept. 6, 1776, married Margaret Marchal
(Marshall)

Thomas died prematurely, at the age of 41, on Dec. 5, 1776. He is buried immediately behind Conewago Chapel, now a Minor Basilica as an American Catholic Shrine. The reverse side of his slate tombstone bears this whimsical inscription in German:

Now has my struggle come to an end. my run is complete. I go to my Jesus and say to you all Good Night.

Jacob, Thomas, Ignatius and Richard, stayed behind in the Conewago area and had large families that produced hundreds of modern day descendants in South Central Pa. Joseph, William and Elizabeth Kaylor moved west to the Alleghenies in the mid-1790s or early 1800s, and were among the founding families of Prince Gallitzins pioneer Catholic parish at Loretto, Pa., founded in 1799. Thomas widow, Magdalena, survived her husband by a full 50 years. She raised the children and managed the farms. She died Jan. 2, 1826, just over the border from Conewago at Taneytown, Maryland. Her tombstone at St. Josephs Catholic Church says she died "loaded with years and virtuous deeds"

(The above is a summary of the early chapters of a 130 page family history of the ADAMS OF THE ALLEGHENIES, recently completed by Edmund J. Adams, 1346 Park Ridge Pl., Cincinnati, Ohio, 45208)

March 17, 1982

Clerk of Circuit Court Carroll Co., MD Po Box 190 Westminster, MD 21157

Could you please check your wills and administrations for the following:

- 1. Mary Hamburg died Oct. 6, 1863
- 2. Peter Hamburg died Ja. 24, 1869
- 3. Mary Hamburg died Jl. 26, 1870
- 4. Any other person by the name of HAMBURG 1837-1900.

Enclosed is a check for \$4.00. If more is needed, please bill me.

Thank you.

Camilla a Begger
Mrs. Camilla A. Berger

19702 Crestknoll Dr. Yorba Linda, CA 92686

We have searched our records and only found the one estate in the name of Peter Humberg. We do not have the D.O.D. but the estate was opened in Feb. 1869. No will but I made a copy of the first & final accounting which is enclosed.

We searched for wills from 1837 thru 1939 in the name of Hamberg. We searched for estates in the name of Hamberg thru 1925 and only found the estate of Peter.

If we can be of additional assistance, please let us know.

Reese L. Starner, Register of Wills

The let and freal account of Ulyping to Condent administrator the appenis but of bourd benefy The 1870. This uccount ant Charges hims of with the affruied relie of the Lovels & Chatter fling Villestate according to the seventing returned to sain applians Cant March 11 1.69 Visit the Run of Also with witnest pecewed as Sale Rules guin at Tale fraid Sevels and Chattely Also with the following Recus framey because from the following persons bling lebt due deceased mentimed in the list of Debby returned april 13 th 1861 viz. From Haling level in Ling le lile Sut rech blieren 5.81 Som Mr. Riley On week 3.52 Im Sumel Mant On cech 15:00 Some Stoppen was the Ou ach 1.18 Grow sheeph Hank On acch 1194 Imm Sund line Ou lecet 2.60 Some Mariel Step the week 3.12 Anga Many Williams a beck 2.38 Im Mana Shoemaker la acch 1.69 In high formerly a week It den Rogers On least and enterest

Meso received from Duniel Bentz, as acchant

3.40 31754

Und this accountant frays an allowance for 317004 the following payments to wint. I had the win is just for for alect lefter jeer wet affer I had blood blouger for for funeral expenses per seet affer to had Beid Beiger for do perseet affer to Puid Beig Should for affer de clo perseet affer to be the Beneat of for lucit being should for de clo perseet affer to be the Beneat of the lucitudes and the best better benefits to the little better benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefits to the little benefi 30.00 5.65 1.44 2.00 2.00 200 I had MA bander find for advertising spenting for rect offer I have down her acet prived passed orect offer 4:00 1.10 I had the followfe, per acet proved passed rect offers 4.13 10 land b. B. benjson per acet proved parred yout off 12.00 11 Vani John M. Alains per acet proved pursed trect off 1.75 12 Vand of the Rogers for acceptioned passed selectiles. 2.25 13 Vand Council thank peracet proved passed rect offs 14.40 I had they lood, per acch proved forsed rest off 10.60 49.37 10.00

wed accompant due sidte productions MARYLAND, CARROLL COUNTY, TO WIT: On the aleysino F. Dredon Orphans' Court for Carroll county. came and in-open Court made oath on the Holy Evangely of Almighty God, that the aforegoing account is just and true, knowledge and belief; and that as stated, to the best of has prayed an allowance; which, upon due examination, or secured to be paid the several sums for which do is passed by said Orphans' Court. TEST:

Register of Wills.

بنن

Richard fire distribution brus ht forward by \$ 130.63

Mis tribution thereof according to law as follows brush

To Dany & Humbrus, Media of walestate \$3 43.5

Pleside as follows \$1.77\frac{1}{2}\$

Of Stands Humbrus, Ped of Substite \$1, 21.77\frac{1}{2}\$

To Stands Humbrus, Ped of Substite \$1, 21.77\frac{1}{2}\$

To Success Filmen, San of classite \$1, 21.77\frac{1}{2}\$

To Success Humbrus, Pan of classite \$1, 21.77\frac{1}{2}\$

To Success Humbrus, Pan of Cartestate \$1, 21.77\frac{1}{2}\$

To Success Humbrus, Pan of Car

:N.C. .

Hamburg nome Ind. 1800-1810 mone 1820 Hombert, Michael Fired 139 hotup L michael Deorge 195 1830 Hambert, George Fred 233 #7 Dist Hambert, Henry "" no Hamburg 1840. Hamberg, Fred Carrell 085 Ind Di Pa. 1800 Peter Hamberg Tayette Co St 5:49

Trederech Hamberger Phil. GPa 399

Jacob Hamberger Lanc Co. 197

Parot Hamburg Count Co. 79 Hamberger Benjamin Cumberland

Hamberger Jarot Trank 08/ Chembers marten Berks 010 Cunaru Hamburg George Frank 351 Wash. Hamberger, abreham Unio 310 Perry Olen Jacques & Beter Tranklen 100 Washoff. Hamborg Peter Lyco 131 Limeston John Sheeze Lews & Philip Phil 3 g word

Sunday night last Mr. John Schoenfelder of this borough about 42 d year Chronical Tames Je 18 18 25 On Sat morn lest this forough mu Mecetos Dick Chr Timbs Oc 4/825 On Wed last Im Telm Witmen of this borough 57th y
Chaon 5p 26, 182 1 Sat 25th ine Christopher Welman son of Mr. Benj Witman this Gorough 19th year Chr. Times No 28/826 On the 28th ut min Barbara Bright den of John Br 2/6th y of age Ohr T De 3/833 Deed. Two gran Weedman ar 71 y 9 mo a respected res Tulphochen two Berks Cgr Readinger Postbatho Mr 20/8/9

387 834 Tombotones Epler Ch Bern Two Berks Co, Pa Dhillips 2,45,37,39,13 45

Peter Moor Peter Moor Many Mydelene Owner Barbard no 1768 Lap 11 po Jisel Spermen Reinbordt Davids Live, of Rf Memore Manhein Tp. York & 1713-1819 Valentine Reinbordt

|                                                | 2000年1000年1000年1000年100日   1000年100日   1000年100日   1000年100日   1000年100日   1000年100日   1000年100日   1000年100日                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |               |            | Post fire   |        |                |            |             |            |       |     |     | ļ į |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------|------------|-------------|--------|----------------|------------|-------------|------------|-------|-----|-----|-----|
| 4/                                             | Phone of familia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10                                               | 10            | 16.15      | 16.36       | 1,5    | 11:2           | 19         | 16          | 21         | 45    | 150 |     |     |
| 11                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>                                     </del> |               |            |             | 1      | ì              | //.        | <del></del> | /          |       |     | 1   | _   |
| - Hastrer from<br>Consisty                     | Jugar Vinetrains                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | 1             |            | 1           | 1      | · /            |            | /           | .3         | 1     | 1   |     |     |
| 1/1/2                                          | Sugar Sugar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                |               |            | `,          | /      | /              | 2.         |             |            | 1:    | 1   |     | 1   |
|                                                | cherry and a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |               |            |             | ¥      | /.             | 1          |             | 1          | ١.    | 1   |     |     |
| e de esca                                      | Grande Spanis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  | ,             |            | 1           |        |                | `,         |             | 1          | 1 ;   | -   | ,   |     |
|                                                | Grand May &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  | ,             | •          |             | //     | `              | 2          |             |            | 1     |     |     |     |
|                                                | Michael Citta Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                                                |               |            | 1           | /-     | 1              | 1          |             | 1.         | ١٠.   |     |     | 8   |
|                                                | Lynne Manne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | /                                                | /             |            | 1.          |        | /              |            | 7           | 1 2        | 1     | /   |     |     |
|                                                | Towned to Frantes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | . Y                                              | 1             |            | 1/          | 1      | `              | 1          |             | 1          | 1     |     |     |     |
| •                                              | Land Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14                                               |               | ,          | / 🔪         | 1      |                | 1          |             |            | 13    |     |     |     |
|                                                | Bellevan Hanne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |               |            |             |        |                | 1          | 1.          | 12         | 1 %   |     |     | Į.  |
|                                                | Same of September                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  | 1             |            | .:          | ٠.     | /              | 1          |             | 1          | 1 2   |     |     |     |
| )                                              | The same of the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                                |               |            |             | 1      | 1              | 1          |             | 1          |       | 1   |     |     |
| ar en en en en en en en en en en en en en      | Cakes Singling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | .                                                | 2             | /          | 1           | /      | .              | 4          | .           | 11         | /     |     |     |     |
| •                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ! -                                              |               |            | 2           | •      | ,              |            | 1:          |            | ,     | 1). | ,   |     |
| •                                              | 1 deline Garage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                                                | . ,           | :          | 1           | ,      | 1              | 1.         |             |            |       | 1   | 1   | 1   |
|                                                | Britain Star                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |               |            | ,           | 1      |                | 7          |             | 1          | ,     |     |     |     |
| •                                              | tricker of bank and in the way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |               |            | ,           | 1      |                | 5          |             | ١,         | 1/    | '   |     |     |
|                                                | a till the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the co |                                                  | `             |            | /           | ,      | *              |            |             | /          | 1;    | •   |     |     |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                |               |            |             | 1      | 1.             | 3          | 1           |            | 1%    | 1.  | ľ   |     |
|                                                | The Later                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |               | 1          | • • • !     | 1      |                | 1.1        |             |            | 1     | 1;  |     |     |
| İ                                              | the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | k: ` '                                           |               |            | 1           | ``     | 1.             |            | 1.          | 17         |       | 1.  |     |     |
|                                                | Brown Lock on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  | . 1           | ۲ . ا      | 1           | /      |                | 1          |             |            | 1     | 1   |     | ,   |
| <u>.</u>                                       | Billian Sugare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  | * ;           | `          |             |        |                | 12         |             | ج ا        |       |     | ij. |     |
|                                                | " " " " " " " " " " " " " " " " " " "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                                | /             | /          | く           | ,      | 1              | 1          | 12          |            | 1     | 1   | ľ   |     |
|                                                | 1999 Cartle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                                | ,             |            |             |        | 1;             | .2         | ي ا         | , \ `      |       | 1   |     |     |
|                                                | - Cha Belowite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3                                                | λ             | ,          | 7           | ,      | 1.             | 12         | 17          | 1          | 1     |     |     | 1   |
|                                                | John Mary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.5                                              | •             |            |             |        | /              | 1          | .3          | 1          | 1     | 1   |     |     |
| ٠,                                             | Drawing it comed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | !                                                | .5            |            | 2           | 1      | 1:             | 1 2        | 1.          |            | 1     |     |     | j.  |
| *                                              | Allenson M. I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  | /             | <b>.</b>   | •           |        | 141            |            | •           |            |       | 1   |     |     |
|                                                | Joseph Hacker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                | ,             |            |             | 1      |                | 17         | 2           |            | 1     | 1.  | N . |     |
|                                                | and thankac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                                | 2             |            | ; (         | . 1    | `              | 11         | 1           | /          | 1     | ,   |     |     |
|                                                | January Stay mais                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | /                                                | 9.            |            |             |        | 1/2            | 1)         |             | ·          |       | 1   |     |     |
|                                                | torchib . Hartie sun!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12                                               | 1             | :          |             | 1      | 1              | 12         |             |            | 1     |     |     |     |
| <b></b>                                        | Some Months said                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | . /                                              | 1             | /          | ٠,٢         | i<br>T | /              | 2          | 1           | ( ، !      |       |     |     |     |
| <b>4</b> • • • • • • • • • • • • • • • • • • • | Aquila Mandahard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | ,             |            | 1           |        |                | 3          |             | . /<br>! . |       |     |     |     |
|                                                | The Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract o |                                                  | 2             |            |             | 1      | 41             | \          | .           | .   £      | !   ` | 1   |     |     |
|                                                | Lowry Frenchice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ] •                                              | `             | `          | /           | /      | 1              | 1:         | 1           |            | ` `   | 12  |     |     |
|                                                | State of the state of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                                                |               |            |             | 1      | (              | 2          |             |            |       |     |     |     |
|                                                | A Kronick Short                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 옷                                                |               | 1          | 1           | 1      | /              | 1;         | •           | .   .      |       |     |     |     |
| •                                              | The same of the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                                |               | `          | ļ .         | 1      | •              | 14         |             |            | · : / |     | H   | A   |
| •                                              | Sichara leanny                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2                                                |               |            | ان          | 1      | :              | 1          |             | a l        |       |     | #   |     |
|                                                | Sudam Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  | 1             | :          | 1           | !      | 1:             | 14         |             | <i>i</i>   |       |     | -   |     |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | Secret Const. |            |             |        | 11 Provide - 1 |            |             |            |       | 1.  |     |     |
| 30 6 6 6 6 6                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | , a .         |            |             |        |                |            |             |            |       |     |     |     |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | PALE.         | <b>建物准</b> | <b>LANG</b> |        |                | <b>開那時</b> | <b>北美祖</b>  |            |       |     |     | A   |

Janot Rfeister (proti Emmanuel Sp Michael
Deurle time 415 Oc1784 Sp Johann Delester Jacob Hollinger + wf. Johann anna marin 1-1754 Keener Des check offorger name White Oak harwich Trop. Ch Ren Luts & Ref a. 175-4-1789 Philip Schreener Leve West songal Tp. a Barbara mechel Echert a Barbara Sp for Austerno der of Jacob Walf 1761 & Barbara

Johnny Orendorff - Ella miller 30 ag 1800
Washington Co.
27 Sp 1972 7111 003 32 William Orendorff Henry, wife mergareth Che 4 ga 1796 Ref Cong bygentown Esther Pfiefer - Ses Tracher 26 ap 1801 Trinity Eo Lett Taneytown Samuel Pfleiffer i Christina anne Catherine 18 De 1718 pag northamplor Eastor Refle Joh Pfeiffer & am Man. 14 ag 1800
Elis. adams Lelleslown Stophen Luck
Elis. Joh. Pfeifer & Mady same church
14 ag 1804 Vehr. Joh Pefeifer magd Joseph Chr. 22 No 1801 Littlestoron It John Ev. Johanne Pfeffer & Juliana Johannes 19 mr 1799 arendlovelle Luth & Ref.

grad Pflefer & Moren John Christian Chr 16 gn 1778 northemptor Elala Ref Church Frederick & Chrolina John Treherick ch 23 Fe 1777 Easton 1st Ref. Georg Pfeifer & Mady Novehumberlas Jacob Refuger & Robel - michael 8 May 1796 adam Lulladoon Joseph Weaver son of Christian well 1795 Famente 5de Petgr son mentions also Maglilian Johannes Weave / Britara Maglelone 15 Je 1813 Conewago modalene Weaver Johanne blein 10. No 1829 Conewago Chapel Joseph Weaver well 838 Lancaster Elizabeto Weaux-John Torens along

m Uhler 228 John Weeding 93 Weaver 190 Witman 52 Henritte Bregler 165 Died on Wed last the 27th inst Ulitman, relied of the light adam Weekly advertises

gen, 30 1808 On Thurs last abraham son of late Samuel Witman one afthe fund on the 12th enst by the explosion of the Castriday In the borough on Sunday last no gran Withern as c 40 Chronicle of the Time Ja 21 1824 November 1 Mr Michael Boar ac 104x 5m 11 day Chronicle of the time NO 5 1824 m In lossee of No 12 1824 states michael Bear, Cumru Twy & Fe 20 1720

William Roth - Fa - Census 1830 Berke 435 Earl Two. 1840 1850 Lancaster 100 Warweck Tp. Lancaster 304 Penn Ty. 1847 Will William Roth Berks Co Pa Ex Deorge Focht, Mary Roth 9/216 Berks Co Pa 1862 Sp17 Capt William N. Roth 16th Reg. milition Company Q.

Central Pa Den Mag.
1973, 1976, 1971, Pa Den mag V. KVII FIN, XIII