Form DB3

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

MADISON, WISCONSIN

Dept. of Commerce
Bureau of the
Census

PLEASE TYPE OR USE BLACK INK

BAPTISMAL, BIBLE, PHYSICIAN'S, HOSPITAL, SCHOOL CENSUS RECORD, ETC.

Following is an exact copy of a record regarding _____ *Harold August Klang*
(Name of individual)

as it appears in our files under date of _____, volume _____ page _____.

This is a _____ *Family Bible*
(Baptismal, physician's, hospital, school census record etc.)

in the custody of _____ *Mr. & Mrs. August Richard Klang*
(Name and address of custodian)

GIVE BELOW THE EXACT WORDING OF THE RECORD. Especially that information pertaining to the following points (1) date of birth, (2) place of birth, (3) father's name, (4) mother's name before marriage.

August Richard Klang, born the 1st day of January 1874 in Sweden

Elin Klang (Swanson) born the 9th day of August 1876 in Sweden

Harold August born the 22nd July 1905 in Hawthorne, Wis North America

COMMENTS ON CHANGES OR ERASURES: *Original in Family Bible is in Swedish Language*

I hereby certify that the foregoing statement is a true copy of the record, and that the record

was made by _____ *August Richard Klang* _____ in or about the

Year *1906*.

Signature *Mrs Ellen Klang*

Address *Bennett, Wisc.*

CERTIFICATE OF INSPECTION OF NOTARY PUBLIC

I hereby certify that I have examined the record above described; that it contains the record above set forth; that there is apparently no erasure or amendment of the birth or other essential information except as explained above; and that the appearance of the paper and ink of said record indicates that it was made at least ____ *35* ____ years ago.

Signed *Kenneth S. Phusan* Official Title *Notary Public, Douglas Co, Wis.*

Address *Bennett, Wisc.* Date Signed *Jan. 15, 1943*

My Comm. Exp. May 7, 1944

SEAL

(OVER)