BIRTH RECORD REGISTRATION & CORRECTION

1

1941

Alexander, Carrie Ethel,	reg. of birth	43
Aller, Ada	" "	357
Amrine, Latrelle H.	correction	379

A

Alexander, Carrie Ethel, reg. of birth. 43

B

Betsch, Everil Vaude - reg. of birth	41
Badgley, Herbert C - " " "	55
Benedict, Joseph Wesley " " "	59
Beeney, Scott Reg. of birth	121
Beeny, Dollie Correction of BR	135
Bice, Roy Albert " " "	157
Burkepile, James Blaine, Reg. of Birth	161
Beckley, Alfred Gradee, " " "	179
Burnside, Harley " " "	199
Boggs, Roy Emery, Cor. of BR	253
Bausman, Edith Elsie, Reg of Birth	267
Barnhart, Marion, Reg " "	279
Brookins, Ralph Geo. Correction	283
Baker, Clair Randall "	299
Berry, Pearl Reg of Birth	315
Bolenbaugh, Arthur M. " " "	325
Belt, Henrietta correction	403
Bealer, Charles Zelotes "	445
Brooks, Oliver Columbus, "	513
Brannon, Ruth registration	567
Boda, Alice Irene "	569
Bodley, Homer Stull "	581
Boyd, William Lowell "	591

C

Chandler, Robert Bruce,	Reg of Birth	9
Cooper, Mabel	" " "	23
Cody, Bernad Henry	" " "	83
Cahill, Dorothy May.	Corr. of Birth	89
Cahill, Lelah Bell,	Reg of Birth	91
CLAY, Fred E	" "	67
Crowe, Arthur Levi	" "	115
Curry, John Wilbur	" "	131
Cramer, Don Clifford	Correction	227
Chapman, Harry LeRoy.	Reg. of Birth	229
Collier, Charles Elmo	" " "	251
Connolly Albert L.	Corr. of B R.	259
Cradlet, Addie May	" " "	277
Chapman, Frank Rudolph	" " "	307
Clerenger, Thurman John	" " "	351
Collins, Clayton LeRoy	" " "	343
Clark, Florence Rose	Corr. " "	369
CURRY, William O.	reg. of Birth	373
Collins, Earl Fay.	Correction	378-A
Clifford, Paul Reed	"	449
Cline, William Pearl	"	447
Curry, Ruth Agnes	"	453
Coder, John Floyd	"	481
Cameron, William Robinson	"	495
Chappell, Guy McKinley	"	511
Cramer, Fred Elmo -	registration	597

D

Duke William Benton - reg. of birth		25	
Daum, Earnest Henry Peter	" " "	139	
Daniels, Madeline Hodge	" " "	207	378-B
Donley, Lewis C., correction	" "	271	
Durr, John Elmer	"	313	
Dunbar, Ethel Helen, Reg. of birth		327	
Daum, Ray Floyd Tunis	" " "	335	
DeWitt, Bacik, Gilmore	" " "	359	
Dayton, Francis Leslie	" " "	363	
Daniss, Eugene Frederick, corr.		427	
Davis, Ada Lucille	"	435	
Davis, Frances Marie	"	437	
Dull, Thurston Tippitt	"	467	
Davis, Orson Elbert	"	489	
Drake, Howard Clifton	"	501	
Dunflinger, Basil Ver	"	547	
DeWitt, Richard	"	559	
Donohoe, Harvey Louis	"	565	
Davis, Ernil	registration	577	
Davis, Ogal Lee	correction	589	
Davis, Claire Kuna	"	634	

E

Elsom, Donald S. Cor. of Birth	15
Everett, Vernon McKinley, Registration	77
Ebright, Elton Carl, "	223
Erwin, Paul Monroe, "	231
Eddy, Everett R, Reg. of birth	257
Earick, Homer Bryan, Correction	303
Engle, Constance, Reg. of birth	353
Ebright, Forest A. " "	393
Ell, Wilma Christine, correction	399
Ebright, James Walter, reg. of birth	419
Evans, Robert Oscar, correction	433
Edwards, Hugh Allen "	457
Emmons, Hattie Jane- reg.	571

F

Fisher, William B.	Reg. of Birth	19
HORSYTHE, ELMERN.	" " "	101
Fisher, Grover	Reg of birth	123
Furrow, Otie Freeman	" " "	149
Fleck, Edith May	" " "	209
Figley, Edna G.	" " "	249
Fragell, Marion Sanford,	Correction	337
Ford, Howald Lawson,	Reg of birth	347
Fowler, Earl R	Correction	378-A
Fox, Dana Onida	"	439
Frederick, Charles Walter	"	441
Fox, Lacy Ellen	"	461
Fisher, Thomas G.	reg. of Birth	525
Fisher, Vashti L	" " "	527
Fisher, Luella G.	" " "	529
Fisher, Leon J.	" " "	553

Gibson, Ruth L.	Correction of B.R.	13
Gabriel, Alice Marie,	Reg. of Birth	73
Graham, Gerald B	" " "	125
Gibson, Curtis Ray	" " "	127
Gibson, Lemuel Ray	" " "	143
Gray, Gerald Roscoe	" " "	137
Gray, John	Correction of BR	159
Gilcrest, Lewis Harry	Registration	163
Gamble, Ralph Elsworth,	" "	215
Gloer, John Theodore,	Correction	206-B
Geer, Donald Z	"	459
Grigsby, Glenn L	"	473
Gamble, Clarence William	"	483
Gordon, Mat Brown	"	485
Gregg, Frank Dewey	"	487
Gummons, Enid		517
Goff, William Dwight -	reg.	533
GRIFFITH, WALTER EUGENE		603
Gray, Mildred Loretta	registration	169

H

Hill, Jasper Guy	Reg. of Birth	3
Harney, Ray	" " "	7
Holycross, Richard M,	Cor. of Birth	37
Heid, Madeline Erma,	" " "	53
Hilbert, Amy Andrew,	Reg of Birth	61
Harney, Joseph Wm.	" " "	65
Hatcher, Williame,	Correction of birth	93
Hyland, Forest	" " "	97
Hensley, Delbert Q.	Reg. of birth	99
Hopkins, Clarence W.	" "	153
Hohensack, Jessie Selome,	Correction	181
Hamilton, Nye Floyd,	"	193
Hines, Glen.	Registration	213
Hobart, Lorenzo Dow	"	241
Harney, Clarence Gail.	Cor. of B R	245
Heath, Andrew Jackson,	Reg. of Birth	265 - 206-B
Heath, Ruth Janet	" " "	295
Haines, Robert	" " "	383
Harper, Charles William,	Correction	381
Hatcher, Josie Bell	"	491
Horton, Ralph Emerson	"	541
Housman, Mary Louise	registration	543
Holt, George Homer -	cor.	633
Holt, Hazel Hoffman -	regis.	549
Hamilton, John Russell -	corr.	563
Hamilton, Ella Maud -	reg.	595

I

JOLLIFF - RILLA - reg-of-birth	49
Jenkins, Harry Merill, " " "	71
Jewell, Pearl, " " "	75
JOLLIFF, ROBERT W. " " "	103
James, Cecil M. Cor. of birth	119
Jennings, Harry Reg " "	237
Johnson, Harold Eugene - Correction of B.	367
Jackson, Pearl Fay " " "	375
Jackson, William registration	539
Johnson, Isaac Bunch - cor.	634

J

Kaufman, Doyle L	Reg of Birth	141
Kaufman, Henry R.	" " "	173
Kimball, Harry G.	" " "	197
Kane, Olga	Correction of birth	235
Kreakbaum, Walter	Jacob Adam - corr.	537

K

Lowrie, Ovid W. Reg. of Birth	33	
Lowless, Charles R. Cor. of Birth	35	
Liggett, Howard M. " " "	212	
Lake, Wm. Walter, Reg. " "	221	378-B
Larcomb, Stuart Leroy. Registration	247	
Lee Robert Edward Cor. of B R	255	
Longbrake, James Lowell - reg of B.	289	
Laughorn, Cecil Joseph. Cor. of B R	305	
Longelore, Howard Delmer, " " "	319	
Larcomb, Donald Edwin, reg. of B.	365	
Lehman, Ray William, Correction	206-D	
Liggett, Dwight Wilson "	443	
La Dow, Ethel Viola "	523	
Laird, Donavon Curtis - regis.	519	

L

Malone, Herbert James	Corr. of birth	56-A
Moore, Boyd Emery,	" " "	56-A
Michaels, Guy C.	Reg. of birth	63
Miller, Gail S.	" " "	95
Mulligan, Cecil	" " "	107
Millington, Harry Elbert	" " "	133
Marshall, Raymond Dwyer,	" " "	177
Moran, William Henry	" " "	206-C
Mulvaine, Dana B	Correction "	275
Mather, Elba-	reg. of birth	281
Mitchell, Louis Trell	" " "	321
May Bertha Lola	" " "	233
Moore, Cloyce Herman	" " "	339
Maybee, Fred Clayton-	" " "	345
Malone, Dwight Edward,	Corection	378-A
Michaels, George Otto,	registration	409
Mitchell, Chester Floyd	"	407
Myers, Charles Elmer	"	405
Middlesworth, Miriam Elizabeth —		453
Marsh, Carl Monroe		471
Mulvaine, Ray Rda	correction	479
Myers, Ben Ervin	"	509
Miller, Jay Juanita	"	515
Mathes, Merle McKendry	regis.	521
Moffitt, Daisy Wilhelmina	"	555
Moore, Esther	correction	575
Moore, Harry Olen	"	587
Moore, Nannie Lucille	registration	599
Mathys, Philip M.	"	601

M

McAllister, Gale E. Reg of Birth	21
McEntire, Guy Reg of Birth	69
McElroy, Charles T. " " "	111
McCombs, Buell Clinton " " "	145
McCracken, Lyle Gray " " "	183
McIntire Jasper Geo " " "	195
McDowell, Homer Clinton, Correction	218
McDowell, Kelton Wright. "	220
~~May, Bertha Lola, Reg. of Birth~~	~~233~~
~~Moore, Cloyce Herman, " "~~	~~339~~
McEntire, Geo. C. " " "	331
McAllister, Mary Olive Corr.	329
McCarty, Elden, registration	397
McAdow, Everett Dale correction of record	451
McCandy, Richard Bird " " "	503
McPherson, May Anna " " "	633
McCloud, Erdean Frances "	593

Mc

Newlove, Mabelle,	Cor. of Birth	17
Nuetzel, Dora M.	" "	57
NOGGLE, PERCY	" "	148
NEDS, ANNABELL	neg. " "	185
Neibler, Yetta Elizabeth	" "	391
Newhouse, Carmen B -	con.	579

N

Orr, Edith Elizabeth.	Reg. of Birth	291
Otte, Mary Irene.	Correction	425

Perkins, Dunward Lyn,	Registration	189	" " "
Paner, Howard Alfred,	Correction	206-C	
Price, John L.	Reg. of birth	261	
Potts, Benjamin H.	Correction	395	
Poling Claribel	"	429	
Payne, Kelvin Adolphus	regis.	535	
Paugh, Florence Viola	"	545	
Price, Charles Arthur	"	551	

P

Pennington, Darwin Robert - reg. of B.	45
Pritchard, Leland George - " " "	47

Q

Reed, Burnham Edward,	Reg. of Birth	5
Roberts, Gerald C	" "	51
ROCKWELL, PAUL	" "	{563} {79}
Robertson, Wm Guy	" "	113
Robertson, Oline M.	" "	167
Roush, Carl John	" "	165
Rush, Orus Frank	" "	191
Robinson, James Edgar	"	243
Rodgers, Ralph	Correction	263
Reid. Wm Howard	Reg. of Birth	239
Ruhl, Frieda E.	" " "	333
Rogers, Emanuel E.	" " "	349
Robertson, Bessie Mae	" " "	385
Rodgers, Mildred	correction	417
Reams, Hadley C	"	477
Rogers, John Cole	"	633
Rosebrook, John Benjamin -	reg.	561

R

S

Schmidt, Gustar John, Reg. of Birth	1
Sharp. Rolly Sylvester, " " "	85
Salisbury, Walter W. " " "	87
Slemmons Earl E. " " "	196
Spangler, Carl V. " " "	129
Snyder, Dow, Oliver " " "	205
Schoenberger, Fred B, Correction	226
Schalip, Carl Wm, reg. of birth	273
Smith, Allen B, " " "	297
Sanderson, Hobart William " " "	309
Smith, Harold Wm. " " "	317
Shirk, Leroy O. " " "	377
Sheneman, Allen David, Correction	206-D
Shanks. Dewey Lakin, Reg.	387
Sprague, Harold Dils. "	389
Scholy. Howard correction	411
Shirk. Blaine, reg. of birth	423
Stiffler, Effie Ann correction	431
Smith, Roger William "	463
Strader, Clarence "	465
SCHWARTSKOPF, John H. "	469
SNODGRASS, MERLE H	475
Shuler, Clarence Arthur - correction	505
Smith. Joseph Turney "	507
Sherman, Joseph registration	531
Stout, Robert William "	585
Schmidt, Carl Martin - correction	635

Tobey, Henry A- registration of birth	27
Tanner, Harry Leo. " " "	29
Thompson, Fred cor. of birth	11
Tanner, James Arthur Reg of birth	117
Tropp, Ernest Eugene, " " "	203
Temple, Ytron M, " " "	269
Taylor, Russell A, reg. of birth	285
Temple, Dolores F. " " "	301
Thompson, Lewis C. " " "	323
Taylor, Frank K. Levi " " "	341
Turner, George Ann " " "	371
Thompson, James Lewis correction	413
Thomas, Robert Wendell, registration	401
Thomas, Arthur correction	497
Thompson, Dana Clifton "	499

U

Vock, Frederick A.	Reg. of births	155
Volkmar, Era Sara	" " "	45
Vennausdle, Lauer Harold	" " "	573

V

Wilcox, Charles Edward - reg. of D. 31
Woods, Charles Orville - reg. of D. 39
Wilcox Edgar M - " " " 81
Wynn, Charles, " " " 109
Wasserbeck, Arliss Lee " " " 187
Weidman, James Oscar, " " " 201
Westfall, Dwight F. " " " 287
Welsh, Herbert Franklin - " " " 293
Willis, Ramouth Harvey - Con. 311
Warrick, Vivian Otto " 361
Wilcox, Howard Everett " 493
Wood, Mary Emma - regis. 557
WINTER, ETHEL 605

W

X

Yarrington, Wm Noel, reg of birth 355
Yoder, Fern Margaret " " 421

Y

Z

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Gustav John Schmidt

Case No. A-1

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Lorain County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center, Union Twp.
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union County

(c) Milford Center, Union Twp.
(City) (Village) (Township)

(d) Street No. R.R.F.D.

3. Full name of child Gustav John Schmidt
Surname First Middle

4. Date of birth 10/12/1899
(Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Schmidt (Surname) John (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Bavaria (City, town, or county) Germany (State or foreign country)

13. Usual occupation Farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Loeschkey (Surname) Magdalena (First) Anna (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Bavaria (City, town, or county) Germany (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother before this birth: Ten
(a) How many other children of this mother were living? Five
(b) How many other children were born alive but were then dead? Four
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. A. Boylan
Address Milford Center, Ohio
M. D., midwife, or other Elizabeth Bishop

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has never been recorded

Your applicant hereby makes application for an order of the Court, directing registrtion of his birth *, as provided by law.*

Gustav John Schmidt *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Gustav John Schmidt *Applicant*

P. O. Address 3134 Amherst Ave, Loran, Ohio

Sworn to before me and signed in my presence this 24th *day of* May *19* 41

John W. Dailey

(Seal) Probate Judge, Ex-Officio Clerk
(Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of the Registration of Birth
of Gustav John Schmidt

The State of Ohio, Union **County, ss.**

I, John Schmidt, Father *, do hereby certify that I was ~~the physician in attendance at the birth of~~* present at time of birth of *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

John Schmidt *~~Attending Physician~~*

P. O. Address _____

Sworn to before me and signed in my presence this 24th *day of* May *19* 41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, John L. Mader *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John L. Miller

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 24th *day of* May *19* 41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, J. George Emmert *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. George Emmert

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* May *19* 41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Gustav John Schmidt

May 24 *19* 41

Case No. A-1

ORDER FOR HEARING

This day Gustav John Schmidt *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be heard forthwith and that notice of hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued*

NOTICE OF HEARING RECORDED Page _____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19___*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Gustav John Schmidt

Probate Court, Union **County, Ohio**

May 24 *19*41

Case No. A-1

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Gustav John Schmidt

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavits of John Schmidt, father, and John L. Mader and J. George Emmert; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center, (City) Union Twp. (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union County

(c) Milford Center, Union Twp. (City) (Village) (Township)

(d) Street No. R.F.D.

3. Full name of child Schmidt (Surname) Gustav (First) John (Middle)

4. Date of birth 10/12/1899 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Schmidt (Surname) John (First) (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Bavaria (City, town, or county) Germany (State or foreign country)

13. Usual occupation Farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Loeschkey, Magdalena Anna (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Bavaria (City, town, or county) Germany (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother: Ten

(a) How many other children of this mother are now living? Five

(b) How many other children were born alive but are now dead? Four

(c) How many children were born dead? None

22. Attending Physician or Midwife

Name D.E.Boylan

Address Milford Center, Ohio

_____

M. D., midwife, or other Elizabeth Bishop Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

(Seal)

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Jasper Guy Hill

Case No. A-4

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Darke County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty Township (City) (Village) (Township)

(c) Name of hospital or institution: Dwelling house
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Liberty Township (City) (Village) (Township)

(d) Street No. Peoria, Ohio

3. Full name of child Hill (Surname) Jasper (First) Guy (Middle)

4. Date of birth May 13, 1888 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no. If so—born 1st, 2d, or 3d: no

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hill (Surname) Weldon (First) (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Liberty Township, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farming

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Gosnell, (Surname) Nettie (First) Florence (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Taylor Twp. (City, town, or county) Union Co. Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth: five

(a) How many other children of this mother were living? four

(b) How many other children were born alive but were then dead? one

(c) How many children were born dead? one

22. Attending Physician or Midwife:
Name John Q. Southard
Address Raymond, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Jasper Guy Hill *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Jasper Guy Hill *Applicant*

P. O. Address 407 Harriosn Ave, Greenville, Ohio

Sworn to before me and signed in my presence this 28th *day of* May *19* 41.

(Seal) John W. Dailey

(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Nettie Trout, mother of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nettie C. Trout

P. O. Address 510 West 4th St., Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* May *19* 41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Samuel N. Trout, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Samuel N. Trout

P. O. Address 510 West 4th St., Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* May *19* 41

John W. Dailey

(Seal) Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Jasper Guy Hill

May 28 *19* 41

Case No. A-4

ORDER FOR HEARING

This day Jasper Guy Hill *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be assigned for hearing forthwith and that notice be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

May 28 *19* 41

Case No. A-4

of Jasper Guy Hill

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jasper Guy Hill

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty (City) (Village) (Township)

(c) Name of hospital or institution:

Dwelling house (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Peoria, Ohio (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Hill, (Surname) Jasper (First) Guy (Middle)

4. Date of birth 5/13-1888 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hill (Surname) Weldon (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Liberty Twp, Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Gosnell, Nettie Florence (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Taylor Twp., Union Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother: Five

(a) How many other children of this mother are now living? Four

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? one

22. Attending Physician or Midwife

Name John Q. Southard

Address Raymond, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Burnham Edward Reed

Case No. A-5

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 29yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Reed (Surname) Burnham (First) Edward (Middle)

4. Date of birth Jan 21, 1912 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9 mo.

8. Mother married? yes

FATHER OF CHILD

9. Full name Reed (Surname) Charles (First) A. (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation contractor

14. Industry or business general contractor

MOTHER OF CHILD

15. Full maiden name Raines (Surname) Emma Jane (First Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Madison County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Home

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Charles D. Mills-now deceased

Address Marysville, Ohio

M. D., midwife, or other Josephine Raines-now deceased

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of the birth *, as provided by law.*

Burnham Edward Reed *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Burnham Edward Reed *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* May *19*41.

Milo L. Myers

Notary Public (Seal)

(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Emma Jane Reed, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Emma Jane Reed

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* May *19*41.

Milo L. Myers

Notary Public (Seal)

(Official Title)

The State of Ohio, Union **County, ss.**

I, Weldon Raines, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Weldon Raines

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* May *19*41.

Milo L. Myers

Notary Public (Seal)

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Burnham Edward Reed

____ *19*____

Case No. ____

ORDER FOR HEARING

This day Burnham Edward Reed *appeared in open court and filed an application for the* registration of the birth.

It is ordered that hearing on said application be had forthwith

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Burnham Edward Reed

Probate Court, Union **County, Ohio**

May 31 *19* 41

Case No. A-5

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Burnham Edward Reed

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavits, and oral testimony of Emma Jane Reed and Weldon Raines; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 29yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Reed (Surname) Burnham (First) Edward (Middle)

4. Date of birth Jan. 21, 1912 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Reed, (Surname) Charles (First) A. (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation contractor

14. Industry or business general contractor

MOTHER OF CHILD

15. Full maiden name Raines, (Surname) Emma (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Madison County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business home

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Charles D. Mills, now deceased.

Address Marysville, Ohio

_____

M. D., midwife, or other Josephine Raine Date signed now dec'd.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* Ray Harvey

Case No. A-6

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Wayne County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Paris (Township) (Village)

(c) Name of hospital or institution: 821 W. 5th St.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution --- In this community ---
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) Pairs (Township) (Village)

(d) Street No.

3. Full name of child Harvey (Surname) Ray (First) --- (Middle)

4. Date of birth May 9, 1892 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ---- If so—born 1st, 2d, or 3d ----

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Harvey (Surname) Lanson (First) Bettis (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Civil Engineer

14. Industry or business Engineering

MOTHER OF CHILD

15. Full maiden name Keller (Surname) Frances (First) Emily (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Logan (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 5

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? ----

22. Attending Physician or Midwife:

Name Dr. Southard (Deceased)

Address Marysville, Ohio

M. D., midwife, or other ----

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ray Harvey *Applicant*

P. O. Address

Sworn to before me and signed in my presence this 31st *day of* May *19* 41.

John W. Dailey

(Seal) John W. Dailey, Probate Judge
(Official Title)

AFFIDAVIT

Probate Court, **County, Ohio**

In the Matter of

of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Clara M. Harvey, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clara M. Harvey

P. O. Address West Mansfield

Sworn to before me and signed in my presence this 31st *day of* May *19* 41.

(Seal) John W. Dailey

Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary E. Williams, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary E. Williams

P. O. Address West Mansfiled, Ohio

Sworn to before me and signed in my presence this 31st *day of* May *19* 41.

(Seal) John W. Dailey

Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth *of* Ray Harvey

May 31 *19* 41

Case No. A-6

ORDER FOR HEARING

This day Ray Harvey *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith

It is further ordered by The Court that [illegible] *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ray Harvey

Probate Court, Union **County, Ohio**

May 31 *19* 41

Case No. A-6

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ray Harvey

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavits, and oral testimony of Clara M. Harvey and Mary E. Williams; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Paris (Township)

(c) Name of hospital or institution:

821 West 5th Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ----- In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, (City) Paris (Township)

(d) Street No. 821 West 5th Street

3. Full name of child Harvey (Surname) Ray (First) (Middle)

4. Date of birth May 9, 1892 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Harvey, (Surname) Lanson (First) Bettis (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Union, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Civil Engineer

14. Industry or business engineering

MOTHER OF CHILD

15. Full maiden name Keller, (Surname) Frances (First) Emily (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Logan (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? -----

22. Attending Physician or Midwife

Name Dr. Southard (deceased)

Address Marysville, Ohio

_____

M. D., midwife, or other ----- Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

(Seal)

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Robert Bruce Chandler

Case No. A-3

APPLICATION

Your applicant respectfully represents that he *was born in* Madison *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Madison

(b) Plain City (City) Darby (Township) (Village)

(c) Name of hospital or institution: West Main Street
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution 0 In this community 33yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Plain City (City) Darby (Township) (Village)

(d) Street No. West Main Street

3. Full name of child Chandler (Surname) Robert (First) Bruce (Middle)

4. Date of birth Oct. 4, 1905 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Chandler, (Surname) Lawrence (First) Bruce (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Groveport (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Grocer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Guy (Surname) Alice (First) Imo (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. M. J. Jenkins
Address Plain City, Ohio
M. D., midwife, or other Carrie Burnham

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his/birth *, as provided by law.*

Robert Bruce Chandler *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Robert Bruce Chandler *Applicant*

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 29th *day of* May *19* 41.

Carrie W. Hornbeck
(Seal) Deputy in Probate Court
(Official Title)

AFFIDAVIT

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Robert Bruce Chandler

The State of Ohio, Union **County, ss.**

I, Ruby G. Thomas, *do hereby certify that I was the physician in attendance at the birth of* Robert Bruce Chandler, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Ruby G. Thomas *Attending Physician*

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 29th *day of* May *19* 41.

Carrie W. Hornbeck
(Seal) Deputy in Probate Court
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lawrence Bruce Chandler, father of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lawrence Bruce Chandler

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 29th *day of* May *19* 41.

Carrie W. Hornbeck
(Seal) Deputy Clerk, in Probate Office
(Official Title)

The State of Ohio, Union **County, ss.**

I, Alice Guy Chandler, mother of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Alice Guy Chandler

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 29th *day of* May *19* 41.

Carrie W. Hornbeck
(Seal) Deputy in Probate Office
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Robert Bruce Chandler

May 31 *19* 41

Case No. A-3

ORDER FOR HEARING

This day Robert Bruce Chandler *appeared in open court and filed an application for the* registration of birth.

It is ordered that hearing on said application be had forthwith and that notice be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

May 31 *19* 41

Case No. A-3

of Robert Bruce Chandler

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Robert Bruce Chandler

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavits, and oral testimony of Ruby G. Thomas, Lawrence Bruce Chandler, and Alice Guy Chandler; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Madison

(b) Plain City (City) (Village) Darby (Township)

(c) Name of hospital or institution:

West Main Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution 0 In this community 33yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Plain City, (City) Darby (Village) (Township)

(d) Street No. West Main Street

3. Full name of child Chandler (Surname) Robert (First) Bruce (Middle)

4. Date of birth Oct. 4, 1905 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Chandler, (Surname) Lawrence (First) Bruce (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Groveport (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Grocer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Guy (Surname) Alice (First) Imo (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. M. J. Jenkins

Address Plain City, Ohio

M. D., midwife, or other Carrie Burnham Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Probate Judge *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Fred Arthur Thompson

Case No. A-7

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Wisconsin; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Millcreek (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 37 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Millcreek (Township)

(d) Street No. ____

3. Full name of child: Thompson (Surname) Fred (First) Arthur (Middle)

4. Date of birth November 18, 1894 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson (Surname) Lewis (First) N. (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Bowen (Surname) Emma (First) (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? 3

(c) How many children were born dead? no

22. Attending Physician or Midwife:

Name Fred Vigor, M.D.

Address New Dover, Ohio

M. D., midwife, or other M/D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded, being "Thompson(not named) date November 28, 1894" in Volume 3 page 194, No. 323 of the Birth ** Records of the Union County Probate Court, but should be Fred Arthur Thompson, born November 18, 1894.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record, as provided by law.

Fred Arthur Thompson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Fred Arthur Thompson *Applicant*

P. O. Address 240 Carroll St., Waukesha, Wis.

Sworn to before me and signed in my presence this 13th *day of* August *19*41.

Carrie W. Hornbeck

(Seal) Deputy Clerk
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lewis N. Thompson, father of Fred Arthur Thompson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lewis N. Thompson

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* August *19*41.

Carrie W. Hornbeck

(Seal) Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Avis G. Collier, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Avis G. Collier

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* August *19*41.

Carrie W. Hornbeck

(Seal) Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Fred Arthur Thompson

August 13 *19*41

Case No. A-7

ORDER FOR HEARING

This day Fred Arthur Thompson *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Fred Arthur Thompson

Probate Court, Union **County, Ohio**

August 13 *19* 41

Case No. A-7

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Fred Arthur Thompson *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union Co. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits and oral testimony of Lewis N. Thompson and Avis G. Collier, persons having knowledge of the facts. *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek
(City) (Village) (Township)

(c) Name of hospital or institution:
none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 37 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Twp.
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Thompson (Surname) Fred (First) Arthur (Middle)

4. Date of birth Nov. 18, 1894 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson (Surname) Lewis (First) N. (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Bowen (Surname) Emma (First) (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

22. Attending Physician or Midwife:
Name Fred Vigor, M.D.
Address New Dover, Ohio
M. D., midwife, or other ____

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 3
(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: to be Fred Arthur Thompson instead of Thompson (not named); date to be November 18, 1894, instead of November 28, 1894, in Vol. 3, p. 194, No. 323.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____ *; that notice of the hearing on said application has been* ____ *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____
(City) (Village) (Township)

(c) Name of hospital or institution:
____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

22. Attending Physician or Midwife
Name ____
Address ____
M. D., midwife, or other ____ Date signed ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____
Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Ruth Lucille Gibson

Case No. A-8

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Detroit, Michigan *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 21 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Gibson (Surname) Ruth (First) Lucille (Middle)

4. Date of birth Oct. 17, 1902 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gibson (Surname) Isaac (First) Newton (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Wayne County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Jolliff, Sarah Elizabeth (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 42 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? five
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Clyde Duke
Address Richwood, Ohio
_____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been accurately recorded in Vol. 3 page 163, no. 108 of the Union County, Ohio, birth records of births as infant and that it be recorded as Ruth Lucille Gibson.

Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

Ruth L. Foster *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Ruth L. Foster *Applicant*

P. O. Address 627 Algonquin St. Detroit, Michigan

Sworn to before me and signed in my presence this 17th *day of* October *19*42.

Undine Dailey

(Seal)

Deputy
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Seal)

(Official Title)

The State of Ohio, Union **County, ss.**

I, Blanche Fawley, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Blanche Fawley

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 17th *day of* October *19*42.

Undine Dailey

(Seal)

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, C. R. Gibson, brother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carlos B. Gibson

P. O. Address 218 Patten St., Marion, O.

Sworn to before me and signed in my presence this 17th *day of* October *19*42.

Undine Dailey

(Seal)

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth record
of Ruth Lucille Gibson

October 17th *19*42

Case No. A-8

ORDER FOR HEARING

This day Ruth Lucille Gibson *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Ruth Lucille Gibson

Probate Court, Union **County, Ohio**

October 17 *19* 42

Case No. A-8

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ruth Lucille Gibson *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Judge The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Claibourne (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 21 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Claibourne (Village) (Township)

(d) Street No. ____

3. Full name of child Gibson (Surname) Ruth (First) Lucille (Middle)

4. Date of birth Oct. 17, 1902 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gibson, Isaac Newton (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Wayne County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Jolliff, Sarah Elizabeth (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 42 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? four

(b) How many other children were born alive but are now dead? two

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Clyde Duke

Address Richwood, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that it be corrected from Gibson, Infant, to Ruth Lucille Gibson.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record *of* Donald Stewart Elsom

Case No. A-9

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Township (City) (Village) (Township)

(c) Name of hospital or institution: Marysville, RFD#2, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 23 (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Elsom (Surname) Donald (First) Stewart (Middle)

4. Date of birth Jan. 28, 1909 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Elsom (Surname) Lee (First) Winget (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farming

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Lattimer, (Surname) Edith (First) Viola (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Franklin Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. A. B. Swisher, MD

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly recorded; that the registration filed with the state Health Department correctly sets for the time and place of birth age and parents but has the wrong first** and middle name. That said certificate is on file from Reg. District No. 4241, File No. 7631, in the office of Department of Health, Columbus, Ohio.

Your applicant hereby makes application for an order of the Court, directing correction of his birth *, as provided by law.*

Donald Stewart Elsom *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Donald Stewart Elsom *Applicant*

P. O. Address 421 W. 4th St., Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* June *19* 41.

Elwood E. Sawyer

(Seal) Notary Public, Com. ex. 8/20/41 (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____ *of* ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lee W. Elsom, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lee W. Elsom

P. O. Address Ostrander, Ohio R #2

Sworn to before me and signed in my presence this 9th *day of* June *19* 41.

Elwood E. Sawyer

(Seal) Notary Public, Com ex 8/20/41 (Official Title)

The State of Ohio, Union **County, ss.**

I, Edith Elsom, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edith Viola Elsom

P. O. Address Ostrander, Ohio R#2

Sworn to before me and signed in my presence this 9th *day of* June *19* 41.

Elwood E. Sawyer

(Seal) Notary Public. Com.ex. 8/20/41 (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record *of* Donald Stewart Elsom

June 9 *19* 41.

Case No. A-9

ORDER FOR HEARING

This day Donald Stewart Elsom *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Donald Stewart Elsom

Probate Court, Union **County, Ohio**

June 9 *19* 41

Case No. A-9

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Donald Stewart Elsom *for an order of The Court correcting* his *birth record, as it is registered in the office of* State Health Department The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits and oral testimony of Lee W. Elsom and Edith Viola Elsom; *that notice of the hearing on said application has been*_____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ Surname First Middle

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: to correct the first and middle name of the applicant and to also correct the name of the father from Leander to Lee Winget Elsom. Being a correction of Certificate on file in the State Department of Health, Registration District No. 4241, File No. 7631 in the office of the State Health Department.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** _____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of _____

*19*____

*Case No.*_____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____ *for an order of The Court directing the registration of* _____ *birth.*

_____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ Surname First Middle

4. Date of birth_____ (Month) (Day (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business_____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead? _____

22.Attending Physician or Midwife

Name _____

Address _____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lillenthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Mabelle Newlove

Case No. A-10

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, (City) Paris Tp. (Township) (Village)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 7 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Newlove, (Surname) Mabelle (First) (Middle)

4. Date of birth Jan. 26, 1876 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Newlove, (Surname) Brown (First) (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Clark Co., Ohio (City, town, or county) ____ (State or foreign country)

13. Usual occupation Druggist

14. Industry or business Business

MOTHER OF CHILD

15. Full maiden name Ferris, (Surname) Marietta (First) Amelia (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Plain City (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? 2

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name ____

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in the following particulars; Said birth being recorded in Volume 1 page 176 No. 408 of the birth records of Union County, Ohio, and being dated Feb. 15, 1876, and should be Jan. 26, 1876. Applicants name being Eva Newlove on said record and should be Mabelle. Mothers name Mattie Ferris, Marrietta being correct.

Your applicant hereby makes application for an order of the Court, directing correction of such birth record, *as provided by law.*

Mabelle Newlove *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Mabelle Newlove *Applicant*

P. O. Address 555 North Main St., Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* June *19* 41.

Adele M. Kagay

(Seal) Notary Public (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lillian Robb, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lillian Robb

P. O. Address 413 West 5th St. Marysville, O.

Sworn to before me and signed in my presence this 7th *day of* June *19* 41.

Adele M. Kagay

Notary Public (Seal) (Official Title)

The State of Ohio, Union **County, ss.**

I, Rosa L. Cross, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Rosa L. Cross

P. O. Address 127½ S. Main St. Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* June *19* 41.

Adele M. Kagay

Notary Public (Seal) (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Mabelle Newlove

June 9 *19* 41

Case No. A-10

ORDER FOR HEARING

This day Mabelle Newlove *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Mabelle Newlove

Probate Court, Union **County, Ohio**

June 9 1941

Case No. A-10

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mabelle Newlove *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits, and oral testimony of applicant; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Paris Township (Township) (Village)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 7 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Newlove (Surname) Mabelle (First) (Middle)

4. Date of birth Jan. 26, 1876 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Newlove, (Surname) Brown (First) (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Clark Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Druggist

14. Industry or business Business

MOTHER OF CHILD

15. Full maiden name Ferris, (Surname) Marietta (First) Amelia (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Plain City (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name ____

Address ____

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: record being dated Feb. 15, 1876, and should be January 26, 1876; applicant's name being Eva Newlove on record and should be Mabelle; mother's name is Mattie Ferris on record, Marietta being correct name.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

____ *19*____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Birth
of William Benjamin Fisher

Case No. A-11

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood, (City) Claibourne (Township) (Village)

(c) Name of hospital or institution:
House West Bomford St. Richwood, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution --- In this community ---
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township (City) (Village) (Township)

(d) Street No. ---

3. Full name of child Fisher (Surname) William (First) Benjamin (Middle)

4. Date of birth Feb. 29, 1904 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ---; If so—born 1st, 2d, or 3d ---

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fisher (Surname) Frank (First) Elmer (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Hoxworth (Surname) Myrtle (First) -- (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. W. B. Duke
Address Richwood, Ohio
M. D., midwife, or other none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

William Benjamin Fisher *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Benjamin Fisher *Applicant*

P. O. Address Richwood, Ohio #3

Sworn to before me and signed in my presence this 9th *day of* June *19*41.

Charles C. D. Lee
Notary Public (Seal)
(Official Title)

AFFIDAVIT **Probate Court,** ---**County, Ohio**

In the Matter of ---
of ---

The State of Ohio, ---**County, ss.**

I, ---, *do hereby certify that I was the physician in attendance at the birth of* ---, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ---

Sworn to before me and signed in my presence this --- *day of* --- *19*---.

(Official Title)

The State of Ohio, Union **County, ss.**

I, L. G. Spain, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

L. G. Spain

P. O. Address Ridgeway, Ohio

Sworn to before me and signed in my presence this 9th *day of* June *19*41.

Adele M. Kagay
Notary Public (Seal)
(Official Title)

The State of Ohio, Union **County, ss.**

I, Adele M. Kagay, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Adele M. Kagay

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* June *19*41.

Charles C. D. Lee
Notary Public (Seal)
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of William Benjamin Fisher

June 9 *19*41

Case No.

ORDER FOR HEARING

This day William Benjamin Fisher *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that --- *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ---

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of William Benjamin Fisher

Probate Court, Union **County, Ohio**

June 9 *19* 41

Case No. A-11

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Benjamin Fisher

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavits and oral testimony of L. G. Spain and Adele M. Kagay; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) Claibourne (Village) (Township)

(c) Name of hospital or institution:

House, West Bomford St. Richwood, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution --- In this community ---
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township
(City) (Village) (Township)

(d) Street No. West Bomford Street

3. Full name of child Fisher (Surname) William (First) Benjamin (Middle)

4. Date of birth Feb. 29, 1904 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fisher (Surname) Frank (First) Elmer (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Moxworth, Myrtle
Surname First Middle

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. W. R. Duke

Address Richwood, Ohio

_____

M. D., midwife, or other none Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____
Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Gale Ernest McAllister

Case No. A-12

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg
(City) (Village) (Township)

(c) Name of hospital or institution:
None
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child McAllister (Surname) Gale (First) Ernest (Middle)

4. Date of birth May 10, 1915 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McAllister (Surname) Xemas (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Union (City, town, or county) _____ (State or foreign country)

13. Usual occupation Farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Westlake (Surname) Lorena (First) C. (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union (City, town, or county) _____ (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother before this birth: 7
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Lutrelle Henderson
Address Marysville, Ohio
M. D., midwife, or other Alma Stricker

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Gale Ernest McAllister *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Gale Ernest McAllister *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* June *19* 41.

John W. Dailey
Probate Judge (Seal)
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lorena C. McAllister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lorena C. McAllister

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* June *19* 41.

John W. Dailey
Probate Judge (Seal)
(Official Title)

The State of Ohio, Union **County, ss.**

I, Evah R. Holycross, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Evah R. Holycross

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* June *19* 41.

John W. Dailey
P. J. (Seal)
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Gale Ernest McAllister

_____ *19* ____

Case No. _____

ORDER FOR HEARING

This day Gale Ernest McAllister *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

June 9 *19* 41

Case No. A-12

of Gale Ernest McAllister

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Gale Ernest McAllister

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavits and oral testimony of Lorena C. McAllister and Evah R. Holycross; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution:

Marysville, O. R.D. (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, R.D. (City) (Village) (Township)

(d) Street No. _____

3. Full name of child McAllister (Surname) Gale (First) Ernest (Middle)

4. Date of birth 5/10/1915 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McAllister (Surname) Xemas (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Union (City, town, or county) _____ (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Westlake, (Surname) Lorena (First) C. (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union (City, town, or county) _____ (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother: Seven

(a) How many other children of this mother are now living? five

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Lutrell Henderson, M.D.

Address Marysville, Ohio

_____

M. D., midwife, or other Alma Stricker Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Mabel Cooper

Case No. A-13

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Franklin County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Claibourne
(City) (Village) (Township)

(d) Street No. ----

3. Full name of child Cooper (Surname) Mabel (First) ------ (Middle)

4. Date of birth Sep. 24, 1878 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy ———

8. Mother married? yes

FATHER OF CHILD

9. Full name Cooper (Surname) Truman (First) S. (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Licking (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Mills (Surname) Mary (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Licking (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ———

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? 3

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. W. B. Duke

Address Richwood, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Mabel Cooper Ferree *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Mabel Cooper Ferree *Applicant*

P. O. Address 3108 Indianola Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 21st *day of* June *19* 41.

Adele M. Kagay

Notary Public (Seal)
(Official Title)

AFFIDAVIT **Probate Court,** ——— **County, Ohio**

In the Matter of ———
of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Alice J. Wilkins, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Alice J. Wilkins

P. O. Address RFD #1, Richwood, Ohio

Sworn to before me and signed in my presence this 21" *day of* June *19* 41.

Adele M. Kagay

Notary Public (Seal)
(Official Title)

The State of Ohio, Union **County, ss.**

I, Jennie Nicodemus, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jennie Nicodemus

P. O. Address Summitt Station, Ohio

Sworn to before me and signed in my presence this 23rd *day of* June *19* 41.

Carrie W. Hornbeck

Chief Deputy (Seal)
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Mable Cooper

June 21 *19*41

Case No. A-13

ORDER FOR HEARING

This day Mabel Cooper *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be assigned for hearing on the 23rd day of June, 1941, at 1:00 o'clock p.m.

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

June 23 1941

Case No. A-13

of Mabel Cooper

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mabel Cooper

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavits and sworn testimony of Alice J. Wilkins and affidavit and sworn testimony of Nicodemus, and oral testimony; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution:

At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution --- In this community --- (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. ------

3. Full name of child Cooper (Surname) Mabel (First) (Middle)

4. Date of birth Sep. 24, 1878 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet ------ If so—born 1st, 2d, or 3d ------

7. Number months of pregnancy ---

8. Mother married? yes

FATHER OF CHILD

9. Full name Cooper (Surname) Truman (First) S. (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Licking (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Mills (Surname) Mary (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Licking (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ---

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? 3

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. W. B. Duke

Address Richwood, Ohio

M. D., midwife, or other ---- Date signed ---

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of William Benton Duke

Case No. A-14

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Cuyahoga County; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) Claibourne (Township) (Village)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) Claibourne (Village) (Township)

(d) Street No. 109 South Franklin

3. Full name of child Duke (Surname) William (First) Benton (Middle)

4. Date of birth 7/22/1902 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Duke (Surname) Herman (First) Clyde (Middle)

10. Color or race White 11. Age at time of this birth 27 yrs.

12. Birthplace Richwood, Ohio (City, town, or county) ____ (State or foreign country)

13. Usual occupation Physician

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Cahill (Surname) Laura (First) Jane (Middle)

16. Color or race White 17. Age at time of this birth 25 yrs.

18. Birthplace Richwood, Ohio (City, town, or county) ____ (State or foreign country)

19. Usual occupation Housekeeper

20. Industry or business ____

21. Children born to this mother before this birth: none

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Herman Clyde Duke

Address Richwood, Ohio.

M. D., midwife, or other Nurse, Lona Biddle

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been recorded

Your applicant hereby makes application for an order of the Court, directing the regisrtation of his birth, *as provided by law.*

William Benton Duke *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Benton Duke *Applicant*

P. O. Address 2085 Alton Road, East Cleveland, Ohio.

Sworn to before me and signed in my presence this 19th *day of* July *19* 41.

Adele M. Kagay

Notary Public (Official Title)

AFFIDAVIT Probate Court, Union County, Ohio

In the Matter of the registration of the birth
of William Benton Duke

The State of Ohio, Union **County, ss.**

I, Dr. Herman Clyde Duke, *do hereby certify that I was the physician in attendance at the birth of* William Benton Duke, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Dr. Herman Clyde Duke *Attending Physician*

P. O. Address Richwood, Ohio.

Sworn to before me and signed in my presence this 19th. *day of* July *19* 41.

Adele M. Kagay

Notary Public. (Official Title)

The State of Ohio, Union **County, ss.**

I, Lee Wilkins, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lee Wilkins. Charles C.D. Lee

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19 *day of* July *19* 41.

Adele M. Kagay

Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Adele M. Kagay, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Adele M. Kagay

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19 *day of* July *19* 41.

Charles C.D. Lee

Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of William Benton Duke

July 19th. *19* 41

Case No. A-14

ORDER FOR HEARING

This day William Benton Duke *appeared in open court and filed an application for the* the registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ~~be/and/hereby/is/appointed/Special/Master/Commissioner/to/take/sworn/testimony/on/said/application,/if/the/services/of/a/Special/Master/Commissioner/are/necessary;/and/this/cause/is/continued.~~

NOTICE OF HEARING RECORDED Page ____

John W. Dailey. *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

July 19th. *19* 41

Case No. A-14

of William Benton Duke

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Benton Duke

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavits and oral testimony of Herman Clyde Duke the physician; Lee Wilkins and Adele Kagay; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) Claibourne (Village) (Township)

(c) Name of hospital or institution:

109 South Franklin Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) Claibourne (Village) (Township)

(d) Street No. 109 South Franklin Street

3. Full name of child Duke (Surname) William (First) Benton (Middle)

4. Date of birth 7/22/1902 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Duke (Surname) Herman (First) Clyde (Middle)

10. Color or race White 11. Age at time of this birth 27 yrs.

12. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Physician

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Cahill (Surname) Laura (First) Jane (Middle)

16. Color or race White 17. Age at time of this birth 25 yrs.

18. Birthplace Richwood, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housekeeper

20. Industry or business _____

21. Children born to this mother: One

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name Dr. Herman Clyde Duke

Address Richwood, Ohio

_____

M. D., midwife, or other Lona Biddle Nurse Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

Undine Dailey

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Henry A.Tobey

Case No. A-15

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Stark County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— York
(City) (Village) (Township)

(c) Name of hospital or institution: ———
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— York
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Tobey (Surname) Henry (First) A. (Middle)

4. Date of birth 9/27/1901 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Tobey (Surname) Edward (First) J. (Middle)

10. Color or race White 11. Age at time of this birth 30 yrs.

12. Birthplace Union Co., Ohio (City, town, or county) ——— (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Nolan (Surname) Catherine (First) ——— (Middle)

16. Color or race White 17. Age at time of this birth 28 yrs.

18. Birthplace Columbus, Ohio (City, town, or county) ——— (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ———

21. Children born to this mother before this birth: Three
(a) How many other children of this mother were living? ———
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr.C.L.Thompson
Address York Center, Ohio
———
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth*, as provided by law.*

Henry A.Tobey *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Henry A.Tobey *Applicant*

P. O. Address Canton Ohio.

Sworn to before me and signed in my presence this 19th *day of* July *19* 41.

Adele M.Kagay
Notary Public
(Official Title)

AFFIDAVIT Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Henry A.Tobey

The State of Ohio, Union **County, ss.**

I, Dr.C.L.Thompson*, do hereby certify that I was the physician in attendance at the birth of* Henry A.Tobey*, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Dr.C.L.Thompson *Attending Physician*

P. O. Address York Center, Ohio.

Sworn to before me and signed in my presence this 19th *day of* July *19* 41.

Adele M.Kagay
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Edward J.Tobey, father of Henry A.Tobey*, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edward J.Tobey.

P. O. Address York Township, Peoria, Ohio.

Sworn to before me and signed in my presence this 19th *day of* July *19* 41.

Adele M.Kagay
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Adele M.Kagay*, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Adele M.Kagay

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* July *19* 41.

Charles C.D.Lee
Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Henry A.Tobey

July 19th. *19* 41

Case No. A-15

ORDER FOR HEARING

This day Henry A.Tobey *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with.

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W.Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Henry A. Tobey

Probate Court, Union **County, Ohio**

July 19 *19* 41

Case No. A-15

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Henry A. Tobey

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of credible witnesses and the attending physician; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union York

(c) York (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Tobey (Surname) Henry (First) A. (Middle)

4. Date of birth 9/27/1901 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Tobey (Surname) Edward (First) J. (Middle)

10. Color or race White 11. Age at time of this birth 30 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Nolan (Surname) Catherine (First) _____ (Middle)

16. Color or race White 17. Age at time of this birth 28 yrs.

18. Birthplace Columbus, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother: Three

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. C. L. Thompson

Address York Center, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY. *Probate Judge.*

UNDINE DAILEY. *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Harry Leo Tanner

Case No. A-16

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood, Village
(City) (Village) (Township)

(c) Name of hospital or institution:
none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution no In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Village of Richwood
(City) (Village) (Township)

(d) Street No. 276 Grove Street

3. Full name of child Tanner (Surname) Harry (First) Leo (Middle)

4. Date of birth June 13, 1891 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? widow

FATHER OF CHILD

9. Full name Tanner (Surname) Frank (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Richwood (City, town, or county) ____ (State or foreign country)

13. Usual occupation Laborer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Fout (Surname) Ida (First) C. (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 3
(c) How many children were born dead? no

22. Attending Physician or Midwife:
Name Dr. Oatley
Address Richwood, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing birth record *, as provided by law.*

Harry Leo Tanner *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Harry Leo Tanner *Applicant*

P. O. Address ____

Sworn to before me and signed in my presence this 28th *day of* July *19*41.

D. E. Ogan
(Seal) Notary Public
(Official Title)

AFFIDAVIT

Probate Court, Union **County, Ohio**

In the Matter of Registration of Birth
of Harry Leo Tanner

The State of Ohio, Union **County, ss.**

I, Herbert E. Shields *, do hereby certify that I* ~~was the physician in attendance at the birth of~~ have personal knowledge of the facts stated in the within application, ~~the applicant herein~~, *and that the facts stated in the application are true, as I verily believe.*

Herbert E. Shields *Attending Physician*

P. O. Address ____

Sworn to before me and signed in my presence this 29th *day of* July *19*41.

John W. Dailey
Probate Judge (Seal)
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ida Tanner *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ida Tanner

P. O. Address ____

Sworn to before me and signed in my presence this 29th *day of* July *19*41.

John W. Dailey
Probate Judge (Seal)
(Official Title)

The State of Ohio, Union **County, ss.**

I, Annie Tanner *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Annie Tanner

P. O. Address ____

Sworn to before me and signed in my presence this 29th *day of* July *19*41.

John W. Dailey
Probate Judge (Seal)
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Harry Leo Tanner

July 29 *19*41

Case No. A-16

ORDER FOR HEARING

This day Harry Leo Tanner *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Harry Leo Tanner

Probate Court, Union **County, Ohio**

July 29 *1941*

Case No. A-16

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harry Leo Tanner

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavits and testimony of Herbert E. Shields, Ida Tanner, and Annie Tanner, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

None (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution no In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Village of Richwood (City) (Village) (Township)

(d) Street No. 276 Grove Street

3. Full name of child Tanner (Surname) Harry (First) Leo (Middle)

4. Date of birth June 13, 1891 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? widow

FATHER OF CHILD

9. Full name Tanner, (Surname) Frank (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Fout (Surname) Ida (First) C. (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 3

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Oatley

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

(SEAL)

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Charles Edward Wilcox

Case No. A-17

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Hardin County, ; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Dover (City) (Village) (Township)
(c) Name of hospital or institution: Country home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Wilcox (Surname) Charles (First) Edward (Middle)
4. Date of birth 9/5/1896 (Month) (Day) (Year)
5. Sex ____
6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Wilcox (Surname) Stanton (First) Victor (Middle)
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Wolford (Surname) Lena (First) May (Middle)
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth: Two
(a) How many other children of this mother were living? Three
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Fred Vigor
Address New Dover, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Charles Edward Wilcox *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles Edward Wilcox *Applicant*
P. O. Address Kenton, Ohio

Sworn to before me and signed in my presence this 28 *day of* July *19* 41.

F. LeRoy Allen
Notary Public. (Official Title)

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of registration of birth
of Charles Edward Wilcox

The State of Ohio, Union **County, ss.**
I, Fred A. Wilcox, *do hereby certify that I ~~was the physician in attendance at the birth of~~ have knowledge of the facts stated ~~the applicant herein~~ and that the facts stated in the application are true, as I verily believe.*

Fred A. Wilcox ~~Attending Physician~~
P. O. Address Marysville, Ohio - West 3rd St.

Sworn to before me and signed in my presence this 28th *day of* July *19* 41.

John W. Dailey
Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**
I, Laura Coder, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

M. Laura Coder
P. O. Address 716 West ninth st. Marysville, Ohio.

Sworn to before me and signed in my presence this 28th *day of* July *19* 41.

John W. Dailey
Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**
I, Estelle Wilcox, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Estelle Wilcox
P. O. Address 718 west ninth St. Marysville, Ohio.

Sworn to before me and signed in my presence this 28 *day of* July *19* 41.

John W. Dailey
Probate Judge (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Charles Edward Wilcox

July 28th. 19 41

Case No. A-17

ORDER FOR HEARING

This day Charles Edward Wilcox *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Charles Edward Wilcox

Probate Court, Union **County, Ohio**

July 28 *19* 41

Case No. A-17

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Edward Wilcox

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* testimony of the applicant and three credible witnesses; *that notice of the hearing on said application has been* been dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover (City) (Village) (Township)

(c) Name of hospital or institution:

Country home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Wilcox (Surname) Charles (First) Edward (Middle)

4. Date of birth 9/5/1896 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wilcox (Surname) Stanton (First) Victor (Middle)

10. Color or race White 11. Age at time of this birth 32 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Wolford (Surname) Lena (First) May (Middle)

16. Color or race White 17. Age at time of this birth 25 yrs.

18. Birthplace Union county, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother: Three

(a) How many other children of this mother are now living? Two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Fred Vigor

Address New Dover, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY. *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Birth
of Ovid Wonderfull Lowrie

Case No. A-18

APPLICATION

Your applicant respectfully represents that he *was born in* Logan *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* birth *as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Logan

(b) Belle Center
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Logan

(c) Belle Center
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Lowrie (Surname) Ovid (First) Wonderfull (Middle)

4. Date of birth Jan. 31, 1907 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Lowrie (Surname) Ray (First) (Middle)

10. Color or race white 11. Age at time of this birth ____ yrs.

12. Birthplace Roundhead (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Engineer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Taylor (Surname) Ida (First) May (Middle)

16. Color or race white 17. Age at time of this birth ____ yrs.

18. Birthplace Veron County (City, town, or county) Wis. (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name ____
Address ____
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Ovid Wonderfull Lowrie *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ovid Wonderfull Lowrie *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* July *19*41.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Eliza Taylor, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Eliza Taylor

P. O. Address Mt. Victory

Sworn to before me and signed in my presence this 29th *day of* July *19*41.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)
My Commission expires Jan. 6, 1944

The State of Ohio, Union **County, ss.**

I, Abram Taylor, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Abram (his mark) Taylor

P. O. Address Mt. Victory

Sworn to before me and signed in my presence this 29th *day of* July *19*41.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Birth
of Ovid Wonderfull Lowrie

July 29 *19*41

Case No. A-18

ORDER FOR HEARING

This day Ovid Wonderfull Lowrie *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

July 29 *19*41

Case No. A-18

of Ovid Wonderfull Lowrie

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ovid Wonderfull Lowrie

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavits and oral testimony of Eliza Taylor and Abram Taylor, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Logan

(b) Belle Center (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Belle Center (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Lowrie (Surname) Ovid (First) Wonderfull (Middle)

4. Date of birth Jan. 31, 1907 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Lowrie (Surname) Ray (First) _____ (Middle)

10. Color or race White 11. Age at time of this birth _____ yrs.

12. Birthplace Roundhead (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Engineer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Taylor (Surname) Ida (First) May (Middle)

16. Color or race White 17. Age at time of this birth _____ yrs.

18. Birthplace Veron County (City, town, or county) Wisconsin (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Charles Robert Loveless

Case No. A-19

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Ross County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover
(City) (Village) (Township)

(c) Name of hospital or institution: ------
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution --- In this community 26yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover
(City) (Village) (Township)

(d) Street No. ------

3. Full name of child Loveless (Surname) Charles (First) Robert (Middle)

4. Date of birth Sept. 20, 1905 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ---; If so—born 1st, 2d, or 3d ---

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Loveless (Surname) Charles (First) D. (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business ------

MOTHER OF CHILD

15. Full maiden name Hanawalt (Surname) Anna (First) Mary (Middle)

16. Color or race White 17. Age at time of this birth 33 yrs.

18. Birthplace Jay County (City, town, or county) Indiana (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ---

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name C.D. Mills & A.B. Swisher
Address Marysville, Ohio
M. D., midwife, or other Melvina Snodgrass

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth has not been properly recorded. It appears in Birth Record No. 3 page 127 (No.223), of the records of the Probate Court of Union County, as* ***
Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

***follows:- "Loveless- (not named)"

Charles Robert Loveless *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles Robert Loveless *Applicant*

P. O. Address Frankfort, O. RFD #1

Sworn to before me and signed in my presence this 4th *day of* August *19* 41.

Adele M. Kagay, Notary Public, Union Co. Ohio, Com. expires Sept. 19, 1941
(Seal) (Official Title)

AFFIDAVIT **Probate Court,** ------ **County, Ohio**

In the Matter of ------
of ------

The State of Ohio, ------ **County, ss.**

I, ------, *do hereby certify that I was the physician in attendance at the birth of* ------, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ------

Sworn to before me and signed in my presence this ------ *day of* ------ *19*----.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Clara Loveless Edelblute, a sister of Charles Robert Loveless, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clara Loveless Edelblute

P. O. Address 846 West 6th St. Marysville

Sworn to before me and signed in my presence this 4th *day of* August *19* 41.

Adele M. Kagay
(Seal) Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles Edgar Hanawalt, uncle of Charles Robert Loveless, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles Edgar Hanawalt

P. O. Address 154 Elwood Ave. Marysville, Oh

Sworn to before me and signed in my presence this 4th *day of* August *19* 41.

Adele M. Kagay
(Seal) Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth
of Charles Robert Loveless

August 4 *19* 41

Case No. A-19

ORDER FOR HEARING

This day Charles Robert Loveless *appeared in open court and filed an application for the* correction of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ------ *be and hereby is appointed Special Master Commissioner to take such testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ------ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Charles Robert Loveless

Probate Court, Union **County, Ohio**

August 4 *19*41

Case No. A-19

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Charles Robert Loveless *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County Probate Court The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits and oral testimony of Clara Loveless Edelblute and Charles Edgar Hanawalt, persons having knowledge of the facts, *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Dover
(City) (Village) (Township)

(c) Name of hospital or institution: ———
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community 26yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Dover
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Loveless (Surname) Charles (First) Robert (Middle)

4. Date of birth Sept. 20, 1905 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Loveless, (Surname) Charles (First) D. (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Hanawalt, (Surname) Anna (First) Mary (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Jay County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ———

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name C.D. Mills & A.B. Swisher
Address Marysville, Ohio

M. D., midwife, or other Melvina Snodgrass

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: to supply the first and middle name of the applicant, being "Loveless, (not named)" in Birth Record Volume 3, page 127, No. 223 to be Loveless, Charles Robert.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ———

Probate Court, ——— **County, Ohio**

19——

Case No. ———

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ——— *for an order of The Court directing the registration of* ——— *birth.*

———, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ———; *that notice of the hearing on said application has been* ———; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ———

(b) ——— (City) (Village) (Township)

(c) Name of hospital or institution: ———
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ———

(b) County ———

(c) ——— (City) (Village) (Township)

(d) Street No. ———

3. Full name of child ——— (Surname) (First) (Middle)

4. Date of birth ——— (Month) (Day) (Year)

5. Sex ———

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy ———

8. Mother married? ———

FATHER OF CHILD

9. Full name ——— (Surname) (First) (Middle)

10. Color or race ——— 11. Age at time of this birth ——— yrs.

12. Birthplace ——— (City, town, or county) ——— (State or foreign country)

13. Usual occupation ———

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name ——— (Surname) (First) (Middle)

16. Color or race ——— 17. Age at time of this birth ——— yrs.

18. Birthplace ——— (City, town, or county) ——— (State or foreign country)

19. Usual occupation ———

20. Industry or business ———

21. Children born to this mother:
(a) How many other children of this mother are now living? ———
(b) How many other children were born alive but are now dead? ———
(c) How many children were born dead? ———

22. Attending Physician or Midwife
Name ———
Address ———

M. D., midwife, or other ——— Date signed ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

———*Probate Judge.*

———
Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Richard McAllister Holycross

Case No. A-20

APPLICATION

Your applicant respectfully represents that he *was born in* Franklin *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Franklin

(b) Columbus (City) (Village) (Township)

(c) Name of hospital or institution: Mt. Carmel Hospital (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 7 days (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. 540 North Main Street

3. Full name of child Holycross (Surname) Richard (First) McAllister (Middle)

4. Date of birth July 4, 1921 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Holycross (Surname) Edgar (First) Abraham (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation merchant

14. Industry or business County treasurer

MOTHER OF CHILD

15. Full maiden name McAllister (Surname) Evah (First) Ruth (Middle)

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation house-wife

20. Industry or business Deputy County Treasurer

21. Children born to this mother before this birth: one

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. W. H. Hodges

Address 1277 North High Street

Columbus, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly recorded. It is re-** corded as Richard Harold Holycross at the Bureau of Vital Statistics, Columbus, Ohio, Reg. Dist. 392, **

Your applicant hereby makes application for an order of the Court, directing correction of his birth re, *as provided by law.*

** Primary Reg. Dist. 8787, and it should be Richard McAllister Holycross.

Richard McAllister Holycross *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Richard McAllister Holycross *Applicant*

P. O. Address ____

Sworn to before me and signed in my presence this 15th *day of* August *19* 41.

Carrie W. Hornbeck

(Seal) Deputy, Probate Court (Official Title)

AFFIDAVIT

Probate Court, Union **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Evah Ruth Holycross, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Evah Ruth Holycross

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* August *19* 41.

Carrie W. Hornbeck

(Seal) Deputy, Probate Court (Official Title)

The State of Ohio, Union **County, ss.**

I, Edgar Abraham Holycross, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edgar Abraham Holycross

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* August *19* 41.

Carrie W. Hornbeck

(Seal) Deputy, Probate Court (Official Title)

Probate Court, Union **County, Ohio**

August 15 *19* 41

In the Matter of the correction of birth record

of Richard McAllister Holycross

Case No. A-20

ORDER FOR HEARING

This day Richard McAllister Holycross *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Richard McAllister Holycross

Probate Court, Union County, Ohio

August 15 19 41

Case No. A-20

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Richard McAllister Holycross *for an order of The Court correcting* his *birth record, as it is registered in the office of* Ohio Department of Health The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits and sworn testimony of Evah Ruth Holycross and Edgar A. Holycross, persons having knowledge of the facts *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Franklin

(b) Columbus (City) (Village) (Township)

(c) Name of hospital or institution: Mt. Carmel Hospital (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 7 days (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. 540 North Main Street

3. Full name of child Holycross (Surname) Richard (First) McAllister (Middle)

4. Date of birth July 4, 1921 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Holycross (Surname) Edgar (First) Abraham (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation merchant

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name McAllister, (Surname) Evah (First) Ruth (Middle)

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother: one

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. W. H. Hodges

Address 1277 North High Street, Columbus, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: To be recorded as Richard McAllister Holycross, instead of as Richard Harold Holycross, as it is recorded at the Bureau of Vital Statistics, Columbus, Ohio

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____ *; that notice of the hearing on said application has been* ____ *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Charles Orville Woods

Case No. A-21

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Wayne Co. W. Va.; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— (City) Jerome (Village) (Township)

(c) Name of hospital or institution: at home in Jerome Twp.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— (City) ——— (Village) Jerome (Township)

(d) Street No. ———

3. Full name of child Woods (Surname) Charles (First) Orville (Middle)

4. Date of birth 5/25/1900 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Woods (Surname) Laben (First) M. (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Lawrenee Co. (City, town, or county) Kentucky (State or foreign country)

13. Usual occupation Farming

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Biggs (Surname) Nan (First) (Middle)

16. Color or race white 17. Age at time of this birth 41 yrs.

18. Birthplace Wayne Co. (City, town, or county) West Virginia (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ———

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 6

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. R. C. Ritchey

Address Jerome Twp.

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Charles Orville Woods *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles Orville Woods *Applicant*

P. O. Address Sholes, West Virginia

Sworn to before me and signed in my presence this 20th *day of* August *19* 41.

John W. Dailey
Probate Judge
(Official Title)

AFFIDAVIT

Probate Court, Union **County, Ohio**

In the Matter of ———
of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

(Official Title)

The State of Ohio, Union **County, ss.**

I, M. E. McKitrick, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

M. E. McKitrick

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 20th *day of* August *19* 41.

John W. Dailey
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, O. F. Henry, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

O. F. Henry

P. O. Address Powell, Ohio, RD.

Sworn to before me and signed in my presence this 20th *day of* August *19* 41.

John W. Dailey
Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Charles Orville Woods

August 20th. *19* 41

Case No. A-21

ORDER FOR HEARING

This day Charles Orville Woods *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that and that notice of said hearing be dispensed with.

It is further ordered by The Court that /he/ and /hereby/ is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page ———

John W. Dailey. *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19___*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Charles Orville Woods

Probate Court, Union **County, Ohio**

August 20th *19* 41

Case No. A-21

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Orville Woods

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* sworn testimony of M.E.McKitrick and O.F.Henry, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome (City) (Village) (Township)

(c) Name of hospital or institution: at home in Jerome Twp.

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Woods (Surname) Charles (First) Orville (Middle)

4. Date of birth 5/25/1900 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Woods (Surname) Laben (First) M. (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Lawrence Co. Kentucky (City, town, or county) Kentucky (State or foreign country)

13. Usual occupation Farming

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Biggs (Surname) Nan (First) (Middle)

16. Color or race white 17. Age at time of this birth 41 yrs.

18. Birthplace Wayne Co. (City, town, or county) West Virginia (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? Six

(b) How many other children were born alive but are now dead? None

(c) How many children were born dead? None

22. Attending Physician or Midwife

Name Dr.R. C. Ritchey

Address Jerome Twp.

_____

M. D., midwife, or other M.D. Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W.Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Everil Vaude Betsch

Case No. A-22

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Franklin County *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center, (City) Union (Village) (Township)

(c) Name of hospital or institution: Home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Franklin

(c) Columbus, (City) (Village) (Township)

(d) Street No. Mt. Vernon & Denmeade Aves.

3. Full name of child Betsch (Surname) Everil (First) Vaude (Middle)

4. Date of birth 7/8/1906 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Betsch (Surname) Peter (First) Frank (Middle)

10. Color or race White 11. Age at time of this birth 20 yrs.

12. Birthplace Columbus, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Machinist

14. Industry or business Penn RY. Shops

MOTHER OF CHILD

15. Full maiden name Gabriel (Surname) Edith (First) Lyle (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? _____

(b) How many other children were born alive but were then dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name Dr. John L. Boylan

Address Milford Center, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Everil Vaude Betsch *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Everil Vaude Betsch *Applicant*

P. O. Address 2255 W. Broad St. Columbus, Ohio

Sworn to before me and signed in my presence this 22nd *day of* August *19* 41.

J. C. Hartshorn

Notary Public

(Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Elmer E. Gabriel, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Elmer E. Gabriel

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 22nd *day of* August *19* 41.

J. C. Hartshorn

Notary Public

(Official Title)

The State of Ohio, Union **County, ss.**

I, Edith L. Chapman, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edith L. Chapman

P. O. Address 2734 Viva Place, Columbus, Ohio.

Sworn to before me and signed in my presence this 22nd *day of* August *19* 41.

J. C. Hartshorn

Notary Public

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth

of Everil Vaude Betsch

August 22nd 1941

Case No. A-22

ORDER FOR HEARING

This day Everil Vaude Betsch *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with

/It is further ordered by The Court that/ _____ *be/and hereby is appointed Special Master Commissioner/ to take sworn testimony on said application,/if the services of a/Special Master Commissioner/ are necessary/; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

JOHN W. DAILEY. *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Everil Vaude Betsch

Probate Court, Union **County, Ohio**

August 22nd *19* 41

Case No. A-22

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Everil Vaude Betsch

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the oral testimony of credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center, (City) Ohio (Village) (Township)

(c) Name of hospital or institution: Home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Franklin

(c) Columbus, (City) (Village) (Township)

(d) Street No. Mt. Vernon & Denmeade Aves.

3. Full name of child Betsch (Surname) Peter (First) Frank (Middle)

4. Date of birth 7/18/1906 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Betsch (Surname) Peter (First) Frank (Middle)

10. Color or race white 11. Age at time of this birth 20 yrs.

12. Birthplace Columbus, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Machinist

14. Industry or business Penn R.Y. Shops

MOTHER OF CHILD

15. Full maiden name Gabriel (Surname) Edith (First) Lyle (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Milford Center, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name Dr. John L. Boylan

Address Milford Center, Ohio

_____

M. D., midwife, or other MD. Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY. *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the registration of the birth *of* CARRIE ETHEL ALEXANDER

Case No. A-23

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marion*; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) (City) (Village) Jackson (Township)

(c) Name of hospital or institution: at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 1

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Morrow

(c) (City) Waldo (Village) (Township)

(d) Street No. ____

3. Full name of child Alexander, (Surname) Carrie (First) Ethel (Middle)

4. Date of birth 3/8/1893 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Alexander, (Surname) George (First) Washington (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Deleware County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Blacksmith

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Mulvaine, (Surname) Martha (First) Arbelle (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? ____

(b) How many other children were born alive but were then dead? ____

(c) How many children were born dead? one

22. Attending Physician or Midwife:

Name ____

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Carrie Ethel Alexander *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Carrie Ethel Alexander *Applicant*

P. O. Address 218 Patton St. Marion, Ohio.

Sworn to before me and signed in my presence this 26th. *day of* August *19*41.

Martha L. Myers.

Notary Public (Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

The State of Ohio, Union **County, ss.**

I, James S. Mulvaine, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

James S. Mulvaine

P. O. Address LaRue, Ohio

Sworn to before me and signed in my presence this 26th. *day of* August *19*41.

Carrie W. Hornbeck

Probate Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Esta Sanders, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Esta Sanders

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26th *day of* August *19*41.

Carrie W. Hornbeck.

Chief Probate Deputy. (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Carrie Ethel Alexander

August 26th. *19*41

Case No. A-23

ORDER FOR HEARING

This day Carrie Ethel Alexander *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith, and that notice of hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is/are appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

JOHN W. DAILEY. *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Carrie Ethel Alexander

Probate Court, Union **County, Ohio**

August 26th *19* 41

Case No. A-23

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Carrie Ethel Alexander

for an order of The Court directing the registration of her *birth.*

THE COURT, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the oral testimony of credible witnesses, ; *that notice of the hearing on said application has been* dispensed with ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson
(City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Morrow

(c) Waldo
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Alexander, Carrie Ethel
Surname First Middle

4. Date of birth 3/8/1893
(Month) (Day) (Year)

5. Sex Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Alexander, George Washington
Surname First Middle

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Deleware County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation Blacksmith

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Mulvaine, Martha Arbelle
Surname First Middle

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? one

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth *of* Darwin Robert Pennington

Case No. A-24

APPLICATION

Your applicant respectfully represents that he *was born in* Madison *County, Ohio; that* he *now resides in* Union *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Madison

(b) Darby (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 1yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Franklin and Union

(c) Union County, Plain City RFD.#1 (City) (Village) (Township)

(d) Street No. 987 Bryden Rd. Columbus, Ohio.

3. Full name of child Pennington (Surname) Darwin (First) Robert (Middle)

4. Date of birth 2/19/1913 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? No

FATHER OF CHILD

9. Full name Illegitimate (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Pennington Cora Annetta (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 16 yrs.

18. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Dressmaker

20. Industry or business ____

21. Children born to this mother before this birth: No other

(a) How many other children of this mother were living? ____

(b) How many other children were born alive but were then dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife:

Name Dr. W. D. Gardner

Address Plain City, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth *as provided by law.*

Darwin Robert ennington *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Darwin R. Pennington *Applicant*

P. O. Address RFD#1 Plain City, Ohio

Sworn to before me and signed in my presence this 27th. *day of* August *19* 41.

Clifton L. Caryl

Notary Public (Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of the registration of the birth *of* Darwin Robert Pennington

The State of Ohio, Union **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Grace Huber, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Grace Huber

P. O. Address Plain City, Ohio RFD#2

Sworn to before me and signed in my presence this 27th *day of* August *19* 41.

Clifton L. Caryl

Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Ethel Wilson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ethel Wilson

P. O. Address Plain City, Ohio RFD#2

Sworn to before me and signed in my presence this 27th *day of* August *19* 41.

Clifton L. Caryl

Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Darwin Robert Pennington

August 27th *19* 41

Case No. A-24

ORDER FOR HEARING

This day Darwin R. Pennington *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that he and hereby is appointed Special Master Commissioner to take sworn testimony on said application if the services of a Special Master Commissioner are necessary and this cause is continued.

NOTICE OF HEARING RECORDED Page ____ JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:
(a) How many other children of this mother are now living? _____
(b) How many other children were born alive but are now dead? _____
(c) How many children were born dead? _____

22. Attending Physician or Midwife:
Name _____
Address _____
_____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Darwin Robert Pennington

Probate Court, Union **County, Ohio**

August 27th *19*41

Case No. A-24

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Darwin Robert Pennington *birth*

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the oral testimony of credible witnesses

_____; *that notice of the hearing on said application has been* dispensed with _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Madison

(b) Darby
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 1yr
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Franklin and Union

(c) Plain City RFD#1, Ohio
(City) (Village) (Township)

(d) Street No. 987 Bryden Rd. Columbus, Ohio

3. Full name of child Pennington Darwin Robert
Surname First Middle

4. Date of birth 2/19/1913
(Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? No

FATHER OF CHILD

9. Full name Illegitimate
Surname First Middle

10. Color or race white 11. Age at time of this birth _____ yrs.

12. Birthplace _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Pennington Cora Annetta
Surname First Middle

16. Color or race white 17. Age at time of this birth 16 yrs.

18. Birthplace Madison County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation Dressmaker

20. Industry or business _____

21. Children born to this mother: No others
(a) How many other children of this mother are now living? _____
(b) How many other children were born alive but are now dead? _____
(c) How many children were born dead? _____

22. Attending Physician or Midwife
Name Dr. W. D. Gardner
Address Plain City, Ohio
_____
M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY *Probate Judge.*

_____
Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Leland George Pritchard

Case No. A-25

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Franklin*; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) New Dover, (City) Dover (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) New Dover (City) Dover (Village) (Township)

(d) Street No. ____

3. Full name of child Pritchard (Surname) Leland (First) George (Middle)

4. Date of birth 1/27/1898 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Pritchard (Surname) Frank (First) Middle

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Mills (Surname) Estella (First) Middle

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Licking (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? four

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. C. D. Mills

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Leland George Pritchard *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Leland George Pritchard *Applicant*

P. O. Address 460-1/2 W. 4th Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 29th *day of* August *19* 41.

Adele M. Kagay

Notary Public
(Official Title)

AFFIDAVIT

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Leland George Pritchard

The State of Ohio, Union **County, ss.**

I, Wm. E. Kirby, *am well acquainted with* Geo. L. Pritchard, *do hereby certify that I ~~was the physician in attendance at the birth of~~* ____, *~~the applicant herein~~, and that the facts stated in the application are true, as I verily believe.*

Wm. E. Kirby ~~*Attending Physician*~~

P. O. Address New Dover, Ohio

Sworn to before me and signed in my presence this 29th *day of* August *19* 41.

Carrie W. Hornbeck, Probate Deputy

(Official Title)

The State of Ohio, Union **County, ss.**

I, Glenna E. Gibson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Glenna E. Gibson

P. O. Address New Dover, Ohio

Sworn to before me and signed in my presence this 29th *day of* August *19* 41.

Carrie W. Hornbeck

Probate Deputy.
(Official Title)

The State of Ohio, Union **County, ss.**

I, Arthur Gibson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Arthur Gibson

P. O. Address New Dover, Ohio

Sworn to before me and signed in my presence this 29th *day of* August *19* 41.

Carrie W. Hornbeck

Probate Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Leland George Pritchard

August 29th *19* 41

Case No. A-25

ORDER FOR HEARING

This day Leland George Pritchard *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with.

It is further ordered by The Court that ~~be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.~~

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Leland George Pritchard

Probate Court, Union **County, Ohio**

August 29th *19* 41

Case No. A-25

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Leland George Pritchard

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of oral and credible witnesses

_____; *that notice of the hearing on said application has been* dispensed with _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) New Dover, (City) Dover (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) New Dover, Dover (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Pritchard (Surname) Leland (First) George (Middle)

4. Date of birth 1/27/1898 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Pritchard, (Surname) Frank (First) (Middle)

10. Color or race White 11. Age at time of this birth 28 yrs.

12. Birthplace Union Coubty, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Mills (Surname) Estella (First) (Middle)

16. Color or race White 17. Age at time of this birth 18 yrs.

18. Birthplace Licking County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother: five

(a) How many other children of this mother are now living? four

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. C. D. Mills

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* Rilla Jolliff

Case No. A-26

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Cuyahoga *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Jolliff (Surname) Rilla (First) _____ (Middle)

4. Date of birth 10/6/1884 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Jolliff (Surname) Jessee (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Bosh (Surname) Mary (First) Melinda (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Claibourne (City, town, or county) Union (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? _____

(b) How many other children were born alive but were then dead? _____

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. William Duke

Address Richwood, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Rilla Jolliff *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Rilla Jolliff *Applicant*

P. O. Address 8819 Harkness Road, Cleveland, Ohio

Sworn to before me and signed in my presence this 4th *day of* September *19* 41.

Adele M. Kagay

Notary Public (Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of the registration of the birth *of* _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, George W. Moore, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

George W. Moore

P. O. Address Claibourne, Ohio

Sworn to before me and signed in my presence this 4 *day of* September *19* 41.

Adele M. Kagay

Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Zaidee Chandler, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Zaidee Chandler

P. O. Address RFD#2 Richwood, Ohio

Sworn to before me and signed in my presence this 4 *day of* September *19* 41

Adele M. Kagay

Notary Public. (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Rilla Jolliff

September 4 *19* 41

Case No. A-26

ORDER FOR HEARING

This day Rilla Jolliff *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with

It is further ordered by the Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey. *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

September 4 *19*41

Case No. A-26

of Rilla Jolliff

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Rilla Jolliff

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavit and oral testimony of George W. Moore and Zaidee Chandler, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Jolliff (Surname) Rilla (First) _____ (Middle)

4. Date of birth 10/6/1884 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Jolliff (Surname) Jesse (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Bosh (Surname) Mary Melinda (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Claibourne (City, town, or county) _____ (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? three

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. William Duke

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth
of Gerald C. Roberts

Case No. A-27

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Pharisburg (City) Leesburg (Village) (Township)
(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 35yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Pharisburg (City) Leesburg (Village) (Township)
(d) Street No. ____

3. Full name of child Roberts (Surname) Gerald (First) C. (Middle)
4. Date of birth 6/16/1911 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Roberts (Surname) Harvey (First) (Middle)
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace LaRue, Marion County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business ____

MOTHER OF CHILD
15. Full maiden name Drumm (Surname) Allie (First) (Middle)
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Union (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth: none
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Jesse F. Conrad
Address Magnetic Springs, Ohio
M. D., midwife, or other none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Gerald C. Roberts *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Gerald C. Roberts *Applicant*
P. O. Address Marysville, O. RFD. #1

Sworn to before me and signed in my presence this 9th *day of* September *19* 41.

Adele M. Kagay
Notary Public (Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of the registration of the birth
of Gerald C. Roberts

The State of Ohio, Union **County, ss.**
I, J. F. Conrad, *do hereby certify that I was the physician in attendance at the birth of* Gerald C. Roberts, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

J. F. Conrad M. D. *Attending Physician*
P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 11th *day of* September *19* 41.

Sarah E. Cook
Notary Public (Official Title)

The State of Ohio, Union **County, ss.**
I, Bessie Clevenger, (aunt), *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Bessie Clevenger
P. O. Address Marysville, O. RFD#1

Sworn to before me and signed in my presence this 9 *day of* September *19* 41.

Adele M. Kagay
Notary Public (Official Title)

The State of Ohio, Union **County, ss.**
I, Myrtle DeGood, (sister), *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Myrtle DeGood
P. O. Address Marysville, O. RFD#1

Sworn to before me and signed in my presence this 9 *day of* September *19* 41.

Adele M. Kagay
Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Gerald C. Roberts

September 11 *19* 41

Case No. A-27

ORDER FOR HEARING

This day Gerald C. Roberts *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

September 11, *19* 41

Case No. A-27

of Gerald C. Roberts

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Gerald C. Roberts

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavit of the attending physician, also the testimony of credible witnesses, *; that notice of the hearing on said application has been* dispensed with, *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 35yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Pharisburg (City) Leesburg (Village) (Township)

(d) Street No. _____

3. Full name of child Roberts (Surname) Gerald (First) C (Middle)

4. Date of birth 6/16/1911 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Roberts (Surname) Harvey (First) (Middle)

10. Color or race white 11. Age at time of this birth 37 yrs.

12. Birthplace LaRue, Marion County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Drumm (Surname) Allie (First) (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Unionisburg (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: One

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name Dr. Jesse F. Conrad

Address Magnetic Springs, Ohio

none

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY. *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Madeline Erma Herd

Case No. A-28

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marion County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty Township (City) (Village) (Township)

(c) Name of hospital or institution: -----

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution --- In this community 23 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Liberty Township (City) (Village) (Township)

(d) Street No. ------

3. Full name of child Herd (Surname) Madeline (First) Erma (Middle)

4. Date of birth Feb. 14, 1905 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: No — If so—born 1st, 2d, or 3d: --

7. Number months of pregnancy: 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Herd (Surname) Monod (First) L. (Middle)

10. Color or race white — 11. Age at time of this birth 26 yrs.

12. Birthplace Liberty Township, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Flickinger (Surname) Ora (First) Edna (Middle)

16. Color or race white — 17. Age at time of this birth 23 yrs.

18. Birthplace Liberty Tp. Union Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housekeeper

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?

(b) How many other children were born alive but were then dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name Dr. Charles A. Thompson

Address Raymond, Ohio

M. D., midwife, or other ---

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded. That her birth was erroneously recorded in Birth Record No. 3, p. 96, No. 143 of the records of the ** Probate Court of Union County, Ohio, in that it was recorded as follows: "Herd (Infant)" **

Your applicant hereby makes application for an order of the Court, directing correction of her birth/record *, as provided by law.*

Madeline Erma Herd Withrow *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Madeline Erma Herd Withrow *Applicant*

P. O. Address RFD #7, Marion, Ohio

Sworn to before me and signed in my presence this 13th *day of* September *19* 41.

Adele M. Kagay

(Seal) Notary Public (Official Title)

AFFIDAVIT Probate Court, ----- County, Ohio

In the Matter of -----

of -----

The State of Ohio, ----- **County, ss.**

I, -----, *do hereby certify that I was the physician in attendance at the birth of* -----, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address -----

Sworn to before me and signed in my presence this ----- *day of* ----- *19*----.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ora Edna Herd, mother of Madeline Erma Herd, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ora Edna Herd

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 13th *day of* September *19* 41.

Adele M. Kagay

(Seal) Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Thomas Herd, Uncle of Madeline Erma Herd, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Thomas Herd

P. O. Address 270 W. 3rd St., Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* September *19* 41.

Adele M. Kagay

(Seal) Notary Public (Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Madeline Erma Herd

September 13 *19* 41

Case No. A-28

ORDER FOR HEARING

This day Madeline Erma Herd *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

~~It is further ordered by The Court that~~ ~~the Applicant Speak Must Connection with said application of the Applicant Speak Must Connection with said application.~~

NOTICE OF HEARING RECORDED Page ----- (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Madeline Erma Herd

Probate Court, Union County, Ohio

September 13 19 41

Case No. A-28

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Madeline Erma Herd *for an order of The Court correcting* her *birth record, as it is registered in the office of* Union County Probate Court The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits of Ora Edna Herd and Thomas Herd, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty Township (City) (Village) (Township)

(c) Name of hospital or institution: ---

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution --- In this community 23 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Liberty Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Herd (Surname) Madeline (First) Erma (Middle)

4. Date of birth Feb. 14, 1905 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ---; If so—born 1st, 2d, or 3d ---

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Herd (Surname) Monod (First) L. (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Liberty Township, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Flickinger (Surname) Ora (First) Edna (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Liberty Township, Union Co., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housekeeper

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 1

22. Attending Physician or Midwife:

Name Dr. Charles A. Thompson

Address Raymond, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: To be Madeline Erma Herd instead of "Herd, (Infant)" as recorded in Volume 3, p. 96, No. 143 of the Birth Records of Union County Probate Court.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ---

Probate Court, ---County, Ohio

---19---

Case No. ---

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of --- *for an order of The Court directing the registration of* ---birth. ---, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ---; *that notice of the hearing on said application has been* ---; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution --- In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet ---; If so—born 1st, 2d, or 3d ---

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Herbert C.Badgley

Case No. A-29

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Ingham County,Mich.; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 24 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Badgley (Surname) Herbert (First) C. (Middle)

4. Date of birth 8/19/1896 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Badgley (Surname) George Perry (First) (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Highland County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Lamme (Surname) Minnie (First) Sarah (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Jerome (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housekeeper

20. Industry or business "

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? _____

(b) How many other children were born alive but were then dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name Dr.W.C.Vigor

Address New California

M. D., midwife, or other no

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Herbert C.Badgley *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Herbert C.Badgley *Applicant*

P. O. Address 215 So.Larch St.Lansing Mich.

Sworn to before me and signed in my presence this 15 *day of* September *19* 41.

Adele M.Kagay

Notary Public (Official Title)

AFFIDAVIT

Probate Court, Union **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____

_____ (Official Title)

The State of Ohio, Union **County, ss.**

I, George Perry Badgley, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

George Perry Badgley

P. O. Address 215 So.Larch St.Lansing Mich.

Sworn to before me and signed in my presence this 15 *day of* September *19* 41.

Adele M.Kagay

Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Lillie E.Wise (Aunt of Herbert C.Badgley), *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lillie E.Wise

P. O. Address 236 W.3 St.Marysville,Ohio

Sworn to before me and signed in my presence this 15 *day of* September *19* 41.

Adele M.Kagay

Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Herbert C.Badgley

September 15 *19* 41

Case No. A-29

ORDER FOR HEARING

This day Herbert C.Badgley *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

JOHN W.DAILEY *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Herbert C. Badgley

Probate Court, Union **County, Ohio**

September 15 *19* 41

Case No. A-29

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Herbert C. Badgley

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavits of George Perry Badgley and Lillie E. Wise credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 24yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Badgley (Surname) Herbert (First) C. (Middle)

4. Date of birth 8/19/1896 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Badgley (Surname) George Perry (First) (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Highland County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Lamme (Surname) Minnie (First) Sarah (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Jerome twp. Union Co., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. W. C. Vigor

Address New California, Ohio

_____

M. D., midwife, or other none Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY. *Probate Judge.*

_____ *Deputy Clerk.*

JOURNAL ENTRY

In the Matter of the
Correction of Birth Record
of Herbert James Malone.

Probate Court, Wayne County, Ohio
September 17, 1941 No. 125
FINDING AND ORDER CORRECTION OF
BIRTH RECORD

This day this cause came on to be heard on the application of Herbert James Malone for an order of the Court correcting his birth record, as it is registered in the office of Probate Court. The Court, on consideration of the evidence submitted, finds that the facts stated in the application are supported by the affidavits of two persons having knowledge of the facts, who are the father and cousin of the applicant; that notice of the hearing on said application has been dispensed with; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:--

1. Place of Birth
(a) County- Union
(b) Washington (Township)
(c) Name of hospital or institution:
Marysville, R.D.
(d) Mother's stay before delivery:
In hospital or institution_____.
In this community - 3 yrs.

2. Usual Residence of Mother:
(a) State- Ohio
(b) County- Union
(c) Summersville (Village)
(d) Street No. none

3. Full Name of Child Malone (Surname) Herbert (First) James (Middle)

4. Date of birth 10- 5- 1906 (month)(day)(year)

5. Sex:_____ 6. Twin or triplet____ If so-born 1st, 2d, or 3d.____ 7. Number months of pregnancy_____. 8. Mother Married? _____.

Father of Child

9. Full name Malone (Surname) Elmer (First) Guy (Middle)
10. Color or race- white
11. Age at time of this birth 30 yrs.
12. Birthplace- Union (county) Ohio (State or foreign country)
13. Usual occupation- Farmer
14. Industry or business_____

Mother of Child

15. Full maiden name Moshier (Surname) Bessie (First) Jane (Middle)
16. Color or race- white
17. Age at time of this birth 31 yrs.
18. Birthplace- Union (county) Ohio (State or foreign country)
19. Usual Occupation_____
20. Industry or business_____

21. Children born to this mother before this birth.
(a) How many other children of this mother are now living 2
(b) How many other children were born alive but are now dead none
(c) How many children were born dead none

22. Attending Physician or Midwife
Name- Dr. Miller
Address- Byhalia Union Co. Ohio
M.D., midwife, or other Dr. Date signed- 10-5-1906

Answers must be given as of date of delivery of applicant.

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: From James G. Malone to Herbert James Malone and a copy of this order to be filed in the Probate Court of Union County, Ohio, in Vol. 3, Page 237, No. 237. (219) It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered as provided by law.

(SEAL)

U. S. Saunders
Probate Judge

The State of Ohio, Wayne County.
I, the undersigned, Judge and ex-officio Clerk of the Probate Court within and for said County, and in whose custody the Files, Journals and Records of said Court are required by the laws of the State of Ohio to be kept, do hereby certify that the foregoing entry is taken and copied from the journal of the proceedings of this Court; that the same has been compared by me with the original entry on said journal, and that it is a true and correct copy thereof. In Testimony Whereof, I hereunto subscribe my name officially and affix the seal of said Court, this 17th day of September, 1941. U.S. Saunders Judge and ex-officio Clerk Mabel Wirt Deputy Clerk (Seal)

In the Probate Court of Marion County, Ohio

In the Matter of the Correction of
the Birth Record of
Boyd Emery Moore

FINDING AND ORDER
Case No. 78

This day this cause came on to be heard on the application of Boyd Emery Moore for an order of the court correcting the birth record of the applicant as it is registered in the office of Union County Probate Court, Birth Record Vol. 3, Page 140, No. 187; the court finds that notice of the hearing on said application has been dispensed with. The court, on consideration of the evidence submitted, finds that the application is supported by: the affidavits of Mrs. Cora Beckley and Gladys Ouren, aunt and cousin of applicant, certified copy of birth record and certified copy of birth record of son. The court finds that the correct record of the birth of the applicant is as follows:

1. Place of Birth:
(a) County-Union
(b) Dover Twp.
(c) Name of hospital or institution:
Home
(d) Mother's stay before delivery:
In hospital or institution_____
In this community 5 or 6 years.

2. Usual Residence of Mother:(At Time of Delivery)
(a) State-Ohio
(b) County-Union
(c) Dover Twp.
(d) Street No._____

3. Full name of child Moore (Surname) Boyd (First) Emery (Middle)

4. Date of birth 3- 6- 1899 (Month)(Day)(Year)

5. Sex: M 6.Twin or triplet___ 7. Number of months of pregnancy-9 8. Mother married? Yes

Father of Child

9. Full name Moore (Surname) I. (First)(Middle)
10. Color or race- W.
11. Age at time of this birth 38 yrs.
12. Birthplace- Union Co., Ohio
13. Usual occupation-Farmer
14. Industry or business_____

Mother of Child

15. Full maiden name Foos, (Surname) Relda (First) (Middle)
16. Color or race- W.
17. Age at time of this birth 31 yrs.
18. Birthplace- Union Co., Ohio
19. Usual occupation-Housewife
20. Industry or business_____

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead?_____
(c) How many children were born dead?_____

22. Attending Physician or Midwife:
Name: Don't know
Address:
M.D., Midwife, or other:

It is therefore ordered by the court that the birth record of the applicant herein be and the same hereby is corrected, and that a certified copy of this order be transmitted to the office in which the said birth record of the applicant is registered, to be filed and recorded as provided by law. Oscar Gast, Judge of the Probate Court of Marion County, Ohio

The State of Ohio, Marion County, ss.
I, Oscar Gast, Judge and Ex-Officio Clerk of the Probate Court within and for said County, and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is taken and copied from the Journal of Proceedings of said Court; that the same has been compared by me with the original entry on said Journal and that it is a true and correct copy thereof. Witness my signature and the seal of said Court, this 29th day of August, 1941. Oscar Gast, Judge and Ex-Officio Clerk By:Mabel F. Seiter
(Seal) Deputy Clerk

From page 79. COMMISSION TO TAKE DEPOSITION
Probate Court, Union County, Ohio. Case No. A-41. Commission. In the Matter of the Registration of Birth of Paul Rockwell, To D. I. Lipman, Greeting: Know you, that I, Judge of the Probate Court of Union County, Ohio, have appointed you, and by these presents do give you full power and authority to examine and take the deposition of Paul Rockwell in the matter of the registration of birth of Paul Rockwell, now a resident of Chicago, Illinois; and therefore I command you that, at certain times and places appointed by you, you cause the said Paul Rockwell to be brought before you, and then and there examine him, on oath or affirmation first taken before you, touching the registration of birth of the said Paul Rockwell, and that you return his testimony, together with this commission, closed up under your seal, unto our said Court, with all convenient speed. In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Marysville, Ohio, this 19th day of November, 1941. John W.Dailey, Judge and ex-officio Clerk of the Probate Court (Seal)

Deposition of Paul Rockwell: Case No. A-41. In the Matter of the Registration of Birth of Paul Rockwell, Deposition. I, D. I. Lipman, duly appointed and commissioned by the Judge of the Probate Court of the County of Union in the State of Ohio, to take the deposition of Paul Rockwell, in the matter of the registration of birth of Paul Rockwell, now a resident of Chicago, Cook County, Illinois, do hereby certify that in pursuance of said commission, I caused the said Paul Rockwell to come personally before me at Chicago, who being duly sworn according to law to speak the truth, the whole truth and nothing but the truth, concerning the registration of birth of Paul Rockwell, testifiedas follows: and as more fully appears in the attached transcript of his testimony marked Exhibit "A" and made a part hereof. David I. Lipman, the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, hereby swears that Paul Rockwell was born in Union County, Ohio; that he is now a resident of the city of Chicago, Cook County, Illinois; and that the following are the available facts with relation to his birth, as of date of delivery: 1. Place of birth: (a) County, Union. (b) Marysville (c) Name of Hospital or institution: Home of Mother on Elm Street. 2. Usual Residence of Mother: (a) State, Ohio. (b) County, Union. (c) Marysville. Died in Marysville, 1935. 3. Full name of child, Rockwell, Paul. 4. Date of birth, Aug. 16, 1891. 5. Sex, Male 6. Twin or Triplet, No. 7. Number of months of pregnancy, 9. 8. Mother married? yes. Father of Child 9. Full name, Rockwell, William Willis. 10. Color or race, Caucasion. 11. Age at time of this birth 29 yrs. 12. Birthplace, New Sharon, Iowa. 13. Usual Occupation, Photographer. Mother of Child: 15. Full maiden name, Emma Brannon. 16. Color or race, Caucasion. 17. Age at time of this birth 31 yrs. 18. Birthplace, Farm near Ferrisbert, Ohio. 19. Usual Occupation, housewife. 21. Children born to this mother before this birth. none. (a) How many other children of this mother were living? none. (b) How many other children were born alive but were then dead? none. (c) How many children were born dead? none. 22. Attending physicial or midwife: Name, Dr. Swisher Address, Marysville, Ohio. I further swear that the registration of his birth is not recorded David I. Lipman

DEPOSITION OF PAUL ROCKWELL

In the Probate Court of Union County, State of Ohio. In the Matter of the Registration of Birth of Paul Rockwell. Case No. A-41. Deposition. I, David I Lipman, duly appointed and commissioned by the Judge of the Probate Court of the County of Union in the State of Ohio, to take deposition of Paul Rockwell in the matter of the Registration of Birth of Paul Rockwell, now a resident of Chicago, Cook County, Illinois, do hereby certify that in pursuance of said commission, I caused the said Paul Rockwell to come personally before me at Chicago, who, being duly sworn according to law tospeak the truth, the whole truth and nothing but the truth, concerning the registration of birth of Paul Rockwell, testified as follows: Do you solemnly swear to tell the truth, the whole truth, and nothing but the truth? I do. Q. What is your name? A. Paul Rockwell. Q. Where do you now live? A. I am a resident of Chicago, Illinois. Q. What is the place of your birth? A. Marysville, Ohio. Q. WhatCounty? A. Union County. Q. Were you born, if you know, in an institution, home or hospital? A. Born in the home of my mother who then was a resident of Marysville, Ohio. Q. Do you know what the street number or location of the home is that you were born in? A. I think it was Elm Street, but I am not sure. Q. Priot to your birth, so far as you know, your mother remained in the home that was used by the family as a residence? A. That's right. Q. Is your mother now living? A. No sir. Q. During the period that your mother was alive, where did she reside? A. I was less than a year old when we moved to a town called Canaldover, Ohio, until 1916, 25 years. I was born in 1891. Q. When did she die? A. She died in 1935. Q. From 1916 to 1935 where did she live? A. She lived in Chicago. She returned to Marysville, Ohio, in 1933 and died there in Marysville, Ohio in 1935. Q. What was date of your birth? A. August 16, 1891. Q. Where you a twin? A. No sir, only child. Q. What was your father's full name? A. William Willis Rockwell. Q. How old was he at time of your birth? A. My dad was born in 1862- 29 years of age. Q. What was his birthplace? A. He was born in New Sharon, Iowa. Q. What was his usual occupation or business? A. Photographer. Q. What was your mother's full maiden name? A. Emma Brannon. Q. What was her age at the time of your birth? A. 31. What was her birthplace? A. She was born on a farm not so very far from Marysville, Ohio, on a farm near Ferrisburg, Ohio. Q. Was there a physician or midwife at time of birth? A. Dr. Swisher. Q. What was his address? A. Marysville, Ohio. Q. How many children were born to your mother before you were born? A. None. Q. How many children are living? A. None. I am only child. Q. Are there any children who were born that are now deceased? A. I was sole child. Let the recor show that a photostatic copy of the application for insurance to the Home Life Insurance Company, 256 Broadway, New York, attached to life policy #184995, dated August 23, 1913, shows that in appropriate places appearing in said application, the applicant, Paul Rockwell, answered questions relating to his place and date of birth as Marysville, UnionCo. Ohio, on Aug. 16, 1891, at which time he was 22, and that the proceeds of the insurance applied for was made payable to his mother, Emma Rockwell, at Canaldover, Ohio. David I. Lipman, Chicago,

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Dora M. Nuetzel

Case No. A-30

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) -- (City) -- (Village) Paris (Township)
(c) Name of hospital or institution: ----
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution -- In this community her life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) -- (City) -- (Village) Paris (Township)
(d) Street No. ---

3. Full name of child Nuetzel (Surname) Dora (First) M. (Middle)
4. Date of birth Feb. 4, 1891 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet: -- If so—born 1st, 2d, or 3d --
7. Number months of pregnancy: 7
8. Mother married? Yes

FATHER OF CHILD
9. Full name Nuetzel (Surname) George (First) G. (Middle)
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Franklin County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business --

MOTHER OF CHILD
15. Full maiden name Rupright (Surname) Mary (First) Margaret (Middle)
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business --

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. W. F. White
Address Marysville
M. D., midwife, or other --

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in that it was recorded as Lena Neutzel in Vol.3,p.146, No.256 and that it should be Dora M.Nuetzel
Your applicant hereby makes application for an order of the Court, directing the correction of her birth record *as provided by law.*

Dora M. Nuetzel *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Dora M. Nuetzel *Applicant*
P. O. Address 119 N. Walnut St. Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* October *19*41.

Adele M. Kagay
(Seal) Notary Public (Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of the correction of birth record
of Dora M. Nuetzel

The State of Ohio, Union **County, ss.**
I, Carrie W. Hornbeck, *do hereby certify that I was the physician in attendance at the birth of* personally examined in open Court *the applicant herein, and that the facts stated in the application are true, as I verily believe* the undersigned witnesses.

Attending Physician
P. O. Address

Sworn to before me and signed in my presence this 2nd *day of* October *19*41.

Carrie W. Hornbeck
(Seal) Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**
I, Dora Schalip, a cousin of Dora M. Nuetzel, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dora Schalip
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* October *19*41.

Adele M. Kagay
(Seal) Notary Public (Official Title)

The State of Ohio, Union **County, ss.**
I, Anna Baker, a cousin of Dora M. Nuetzel, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Anna Baker
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* October *19*41.

Adele M. Kagay
Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Dora M. Nuetzel

October 2 *19*41

Case No. A-30

ORDER FOR HEARING

This day Dora M. Nuetzel *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

~~*It is further ordered by The Court that* ---be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.~~

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Dora M. Nuetzel

Probate Court, Union **County, Ohio**

October 2 *19*41

Case No. A-30

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Dora M. Nuetzel *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts and oral testimony; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) -- (City) -- (Village) Paris (Township)

(c) Name of hospital or institution: ------

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ---- In this community her life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) -- (City) -- (Village) Paris (Township)

(d) Street No. ----

3. Full name of child Nuetzel (Surname) Dora (First) M. (Middle)

4. Date of birth Feb. 4, 1891 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet -- If so—born 1st, 2d, or 3d --

7. Number months of pregnancy 7

8. Mother married? Yes

FATHER OF CHILD

9. Full name Nuetzel (Surname) George (First) G. (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Franklin County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business --

MOTHER OF CHILD

15. Full maiden name Rupright (Surname) Mary (First) Margaret (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business --

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. W. F. White

Address Marysville

M. D., midwife, or other --

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: The name is to be corrected from Lena Neutzel to Dora M. Nuetzel

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ----

19----

Case No. ----

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ---- *for an order of The Court directing the registration of* ---- *birth.* ----, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ----; *that notice of the hearing on said application has been* ----; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ----

(b) ---- (City) ---- (Village) ---- (Township)

(c) Name of hospital or institution: ----

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ---- In this community ----
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ----

(b) County ----

(c) ---- (City) ---- (Village) ---- (Township)

(d) Street No. ----

3. Full name of child ---- (Surname) ---- (First) ---- (Middle)

4. Date of birth ---- (Month) (Day) (Year)

5. Sex ----

6. Twin or triplet ---- If so—born 1st, 2d, or 3d ----

7. Number months of pregnancy ----

8. Mother married? ----

FATHER OF CHILD

9. Full name ---- (Surname) ---- (First) ---- (Middle)

10. Color or race ---- 11. Age at time of this birth ---- yrs.

12. Birthplace ---- (City, town, or county) ---- (State or foreign country)

13. Usual occupation ----

14. Industry or business ----

MOTHER OF CHILD

15. Full maiden name ---- (Surname) ---- (First) ---- (Middle)

16. Color or race ---- 17. Age at time of this birth ---- yrs.

18. Birthplace ---- (City, town, or county) ---- (State or foreign country)

19. Usual occupation ----

20. Industry or business ----

21. Children born to this mother:

(a) How many other children of this mother are now living? ----

(b) How many other children were born alive but are now dead? ----

(c) How many children were born dead? ----

22. Attending Physician or Midwife

Name ----

Address ----

M. D., midwife, or other ---- Date signed ----

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

---- *Probate Judge.*

---- *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth
of Joseph Wesley Benedict

Case No. A-31

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Huntington, West Virginia *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) York (City) (Village) (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York (City) (Village) (Township)

(d) Street No. Rural

3. Full name of child Benedict (Surname) Joseph Wesley (First) (Middle)

4. Date of birth 4/16/1895 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Benedict (Surname) Henry (First) Clay. (Middle)

10. Color or race White 11. Age at time of this birth 36 yrs.

12. Birthplace West Mansfield, Logan Co. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Parrish, Ella Jane (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 31 yrs.

18. Birthplace Tuscarawas, County, Ohio. (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business "

21. Children born to this mother before this birth: three

(a) How many other children of this mother were living? three

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Walker

Address West Mansfield, Ohio

M. D., midwife, or other none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth*

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Joseph Wesley Benedict *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Joseph Wesley Benedict *Applicant*

P. O. Address 620-1/2- Elm St. Huntington, W. Va.

Sworn to before me and signed in my presence this 2nd *day of* October *19* 41.

Delphal O. Peelle

Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Alta Yore, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs Alta G. Yore

P. O. Address Bellefontaine, Ohio, RFD.

Sworn to before me and signed in my presence this 3rd *day of* October *19* 41

John W. Dailey

Probate Judge.
(Official Title)

The State of Ohio, Union **County, ss.**

I, A. E. Benedict, Uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

A. E. Benedict

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 3rd *day of* October *19* 41.

John W. Dailey.

Probate Judge.
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth of
of Joseph Wesley Benedict

October 3rd. *19* 41

Case No. ____

ORDER FOR HEARING

This day Jbseph Wesley Benedict *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

October 3rd *19* 41

Case No. A-31

of Joseph Wesley Benedict

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Joseph Wesley Benedict

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony and affidavits of Alta Yore and A.E.Benedict; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Benedict (Surname) Joseph (First) Wesley (Middle)

4. Date of birth 4/16/1895 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Benedict (Surname) Henry Clay (First) (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace West Mansfield, Logan County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Parrish, Ella Jane (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Tuscarawas Co. Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? three

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Walker

Address West Mansfield, Ohio

_____

M. D., midwife, or other no Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY. *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Arny Andrew Hilbert

Case No. A-32

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby Township (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 3 mos. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Hilbert (Surname) Arny (First) Andrew (Middle)

4. Date of birth June 14 '06 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3d: x

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hilbert (Surname) George (First) Casper (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business x

MOTHER OF CHILD

15. Full maiden name Hegenderfer, Rosina (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? 1

22. Attending Physician or Midwife:

Name Dr. McCune

Address deceased

M. D., ~~midwife, or other~~

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Arny Andrew Hilbert *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Arny Andrew Hilbert *Applicant*

P. O. Address Plain City, Ohio, R. #1

Sworn to before me and signed in my presence this 3 *day of* October *19*41.

Helen Hawke

(Seal) Notary Public (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Rosina Hegenderfer Hilbert, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Rosina Hegenderfer Hilbert

P. O. Address Plain City, Ohio R.#1

Sworn to before me and signed in my presence this 3rd *day of* October *19*41.

Helen Hawke

(Seal) Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Dora Wise, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dora Wise

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* October *19* 41

Helen Hawke

(Seal) Notary Public (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Arny Andrew Hilbert

October 3 *19*41

Case No. A-32

ORDER FOR HEARING

This day Arny Andrew Hilbert *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and notice of said hearing be dispensed with.

~~*It is further ordered by The Court that* ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*~~

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of Arny Andrew Hilbert

October 3 1911

Case No. A-32

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Arny Andrew Hilbert

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Rosina Hegenderfer Hilbert and Dora Wise, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby Township (City) (Village) (Township)

(c) Name of hospital or institution:

none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 3 mos. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Hilbert (Surname) Arny (First) Andrew (Middle)

4. Date of birth June 14 '06 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d x

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hilbert (Surname) George (First) Casper (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business x

MOTHER OF CHILD

15. Full maiden name Hegenderfer, Rosina (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 1

22. Attending Physician or Midwife

Name Dr. McCune

Address deceased

_____

M. D., ~~midwife, or other~~ _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Guy C.Michaels

Case No. A-33

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Livingston Co.Mich. *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) New Dover, (City) Dover (Village) (Township)

(d) Street No. _____

3. Full name of child Michaels (Surname) Guy (First) C. (Middle)

4. Date of birth 12/24/1874 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Michaels (Surname) Calvin (First) C. (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Mannington, (City, town, or county) West Virginia (State or foreign country)

13. Usual occupation druggist

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Savage (Surname) Harriet Rebecca (First Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Deleware County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? _____

(b) How many other children were born alive but were then dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr.David W.Henderson

Address Marysville, Ohio

M. D., midwife, or other No

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Guy C.Michaels *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Guy C. Michaels *Applicant*

P. O. Address Pinckney, Michigan

Sworn to before me and signed in my presence this 7 *day of* October *19* 41.

William S.Hoopes

Notary Public (Official Title)

AFFIDAVIT Probate Court, _____ County, Ohio

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Arthur Gibson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Arthur Gibson

P. O. Address New Dover, Ohio

Sworn to before me and signed in my presence this 7 *day of* October *19* 41.

John W.Dailey

Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Amanda Stewart, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Amanda Stewart

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7 *day of* October *19* 41.

John W.Dailey

Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Guy C.Michaels

October 7 *19* 41

Case No. A-33

ORDER FOR HEARING

This day Guy C.Michaels *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

~~*It is further ordered by The Court that* _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary,*~~ *and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

JOHN W.DAILEY *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Guy C.Michaels

Probate Court, Union **County, Ohio**

October 7 *19* 41

Case No. A-33

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Guy C.Michaels

for an order of The Court directing the registration of his *birth.*

THE COURT, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Arthur Gibson and Amanda Stewart, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 1yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) New Dover, (City) Dover (Village) (Township)

(d) Street No. _____

3. Full name of child Michaels (Surname) Guy (First) C (Middle)

4. Date of birth 12/24/1874 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Michaels (Surname) Calvin (First) C (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Mannington West Virginia (City, town, or county) (State or foreign country)

13. Usual occupation Druggist

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Savage, Harriet Rebecca (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Deleware Couty, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr.David W.Henderson

Address Marysville,Ohio

_____

M. D., midwife, or other none Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W.DAILEY *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Joseph William Harney

Case No. A-34

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Cooke County, Ill. *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 20 (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. Walnut Street

3. Full name of child Harney (Surname) Joseph (First) William (Middle)

4. Date of birth 10/11/1907 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Harney (Surname) John Aloysius (First) (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Folkstone, (City, town, or county) England (State or foreign country)

13. Usual occupation Ass't Secy. of Nat'l Ind. Tel. Assn.

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Foley (Surname) Winifred (First) Regina (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth: none

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Swisher

Address Marysville, Ohio

M. D., midwife, or other none

Your applicant further represents that the registration of his *birth* has not been recorded

Your applicant hereby makes application for an order of the Court, directing the ristration of his birth *as provided by law.*

Joseph William Harney *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Joseph William Harney *Applicant*

P. O. Address Harvey, Illinois

Sworn to before me and signed in my presence this 11th *day of* October *19* 41.

William S. Hoopes

Notary Public (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, John Aloysius Harney, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Aloysius Harney

P. O. Address 8149 Dorchester Ave. Chicago, Ill.

Sworn to before me and signed in my presence this 11th. *day of* October *19* 41.

William S. Hoopes

Notary Public. (Official Title)

The State of Ohio, Union **County, ss.**

I, Winifred Regina Harney, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Winifred Regina Harney

P. O. Address 8149 Dorchester Ave. Chicago, Ill.

Sworn to before me and signed in my presence this 11th *day of* October *19* 41.

William S. Hoopes.

Notary Public. (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Joseph William Harney

October 11th. *19* 41

Case No. A-34

ORDER FOR HEARING

This day Joseph William Harney *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be dispensed with

~~*It is further ordered by The Court that* ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*~~

NOTICE OF HEARING RECORDED Page ____

JOHN W. DAILEY. *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Joseph Willian Harney

Probate Court, Union **County, Ohio**

October 11th *19* 41

Case No. A-34

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Joseph William Harney

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* testimony of John Aloysius Harney and Winifred Regina Harney, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 20yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. Walnut Street

3. Full name of child Harney (Surname) Joseph (First) William (Middle)

4. Date of birth 10/1/1907 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Harney (Surname) John Aloysius (First) (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Folkstone (City, town, or county) England (State or foreign country)

13. Usual occupation Ass't Secy. of Nat'l Ind. Telephone

14. Industry or business Association.

MOTHER OF CHILD

15. Full maiden name Foley (Surname) Winifred Regina (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Marysville, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business "

21. Children born to this mother: one

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? "

(c) How many children were born dead? "

22. Attending Physician or Midwife

Name Dr. A. B. Swisher

Address Marysville, Ohio

M. D., midwife, or other none Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY. *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Fred Elmore Clay

Case No. A-35

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Hanford Village, Columbus Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 18 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Clay (Surname) Fred (First) Elmore (Middle)

4. Date of birth 6/8/1889 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: No — If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy: 9

8. Mother married? No

FATHER OF CHILD

9. Full name Unknown (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Clay (Surname) Clara (First) Della (Middle)

16. Color or race Negro 17. Age at time of this birth 18 yrs.

18. Birthplace Richwood, Ohio (City, town, or county) _____ (State or foreign country)

19. Usual occupation Domestic labor

20. Industry or business Domestic labor

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? None

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. B. P. Hall (deceased)

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Fred Elmore Clay *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Fred Elmore Clay *Applicant*

P. O. Address Hanford Village, Columbus, Ohio

Sworn to before me and signed in my presence this 26th *day of* August *19*43.

Fearn M. Winkle

(Seal) Fearn M. Winkle, Notary Public, Union County, Ohio. commission expires July 8th, 1946

(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Pearl Carter, Uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Pearl Carter

P. O. Address 155 Pearl Street, Richwood, Ohio

Sworn to before me and signed in my presence this 26th *day of* August *19*43.

Betty Geer

(Seal) Deputy Clerk

(Official Title)

The State of Ohio, Union **County, ss.**

I, Bertha Carter, Aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Bertha Carter

P. O. Address 155 Pearl Street, Richwood, Ohio

Sworn to before me and signed in my presence this 26th *day of* August *19*43.

Betty Geer

(Seal) Deputy Clerk

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Fred Elmore Clay

August 26 *19* 43

Case No. A-35

ORDER FOR HEARING

This day Fred Elmore Clay *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

August 26th *19* 43

Case No. A-35

of Fred Elmore Clay

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Fred Elmore Clay

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Pearl Carter and Bertha Carter, his wife, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: None

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 18 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Clay (Surname) Fred (First) Elmore (Middle)

4. Date of birth 6/8/1889 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? No

FATHER OF CHILD

9. Full name Unknown (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Clay (Surname) Clara (First) Della (Middle)

16. Color or race Negro 17. Age at time of this birth 18 yrs.

18. Birthplace Richwood, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Domestic labor

20. Industry or business Domestic labor

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. B. P. Hall

Address (deceased)

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Guy McEntire

Case No. A-36

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union City, Indiana *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ York Twp. ____ (City) (Village) (Township)

(c) Name of hospital or institution: None, born in York Township (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution x In this community 25 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ York Twp. ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child McEntire (Surname) Guy (First) ____ (Middle)

4. Date of birth 11-29-1894 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d: x

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McEntire (Surname) William (First) Darias (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Davis (Surname) Addie (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Wm. Hyde

Address deceased

M. D., midwife, or other M.S.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been recorded.

Your applicant hereby makes application for an order of the Court, directing the registration of his/ birth, *as provided by law.*

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Guy McEntire *Applicant*

P. O. Address 229 N. Plum St. Union City, Indiana

Sworn to before me and signed in my presence this 16 *day of* October *19*41.

Richard C. Thrall

Justice of the Peace (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Florence Sherman, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Florence Sherman

P. O. Address W. Mansfield, R. 1

Sworn to before me and signed in my presence this 16 *day of* October *19*41.

Helen Hawke

(Seal) Notary Public, My com. exp. Apr. 4, 1944 (Official Title)

The State of Ohio, Union **County, ss.**

I, J. L. Hornbeck, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. L. Hornbeck

P. O. Address Peoria, Route 1

Sworn to before me and signed in my presence this 16 *day of* October *19*41.

Helen Hawke

(Seal) Notary Public, My com. exp. April 4, 1944 (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Guy McEntire

October 16 *19*41

Case No. A-36

ORDER FOR HEARING

This day Guy McEntire *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and notice of said hearing is dispensed with.

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____ *for an order of The Court correcting* _____ *birth record, as it is registered in the office of* _____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Guy McEntire

Probate Court, Union **County, Ohio**

October 16 *19*41

Case No. A-36

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Guy McEntire *for an order of The Court directing the registration of* his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Florence Sherman and J. L. Hornbeck, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York Twp. (City) (Village) (Township)

(c) Name of hospital or institution: no hospital, York Twp, Union Co. Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution x In this community 25 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Twp. (City) (Village) (Township)

(d) Street No. xx

3. Full name of child McEntire (Surname) Guy (First) (Middle)

4. Date of birth 11-29-1894 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McEntire (Surname) William (First) Darias (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Davis (Surname) Addie (First) (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Wm. Hyde

Address deceased

M. D., midwife, or other M. D. Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Harry Merrill Jenkins

Case No. A-37

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Kent County, Michigan *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Village of Marysville
(City) (Village) (Township)

(c) Name of hospital or institution:
West Fifty Street
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community yes
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Ohio
(City) (Village) (Township)

(d) Street No. East Fifth Street

3. Full name of child Jenkins (Surname) Harry (First) Merrill (Middle)

4. Date of birth Aug. 10, 1899 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Jenkins, (Surname) Earl (First) Presley (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Union County (City, town, or county) ____ (State or foreign country)

13. Usual occupation telegraph Operator

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Judy (Surname) Lily (First) May (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County (City, town, or county) ____ (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Swisher
Address Marysville, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his/birth*, as provided by law.*

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Harry Merrill Jenkins *Applicant*

P. O. Address Kalamazoo, Mich, R.R. 6

Sworn to before me and signed in my presence this 17th *day of* October *19*41.

Martha L. Myers

(Seal) Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Jewell, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary Jewell

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 17th *day of* October *19*41.

Martha L. Myers

(Seal) Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Aleathea Johnson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Aleathea Johnson

P. O. Address Moffett, N. Dak.

Sworn to before me and signed in my presence this 17th *day of* October *19*41.

Martha L. Myers

Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Harry Merrill Jenkins

October 17 *19*41

Case No. ____

ORDER FOR HEARING

This day Harry Merrill Jenkins *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Harry Merrill Jenkins

Probate Court, Union **County, Ohio**

October 17 *19* 41

Case No. A-37

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harry Merrill Jenkins

for an order of The Court directing the registration of his *birth.*

John W. Dailey, Probate Judge, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Mary Jewell and Aleathea Johnson; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Village of Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

West Fifth Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community yes (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Ohio (City) (Village) (Township)

(d) Street No. East Fifth Street

3. Full name of child Jenkins (Surname) Harry (First) Merrill (Middle)

4. Date of birth Aug. 10, 1899 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Jenkins, Earl Presley (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Union County (City, town, or county) _____ (State or foreign country)

13. Usual occupation telegraph Operator

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Judy, Lily May (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County (City, town, or county) _____ (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Swisher

Address Marysville

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Alice Marie Gabriel

Case No. A-38

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Zanesville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Gabriel (Surname) Alice (First) Marie (Middle)

4. Date of birth 3-7-1891 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gabriel (Surname) Frank (First) Edward (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Athens County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Ikensaa, (Surname) Dora (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 17 yrs.

18. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Williams

Address Essex, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth *, as provided by law.*

Alice Marie Gabriel Hill *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Alice Marie Gabriel Hill *Applicant*

P. O. Address 611 Lennox Avenue, Zanesville, Ohio

Sworn to before me and signed in my presence this 30th *day of* October *19*41.

William S. Hoopes

(Seal) Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, Frank Edward Gabriel, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Frank Edward Gabriel

P. O. Address 245 Edgewood Drive, Marion, Ohio

Sworn to before me and signed in my presence this 30th *day of* October *19*41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Dora Elizabeth Gabriel, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dora E. Gabriel

P. O. Address 245 Edgewood Drive, Marion, Ohio

Sworn to before me and signed in my presence this 30th *day of* October *19*41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Alice Marie Gabriel

October 30 *19*41

Case No. A-38

ORDER FOR HEARING

This day Alice Marie Gabriel *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

~~*It is further ordered by The Court that* _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary,*~~ *and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

October 30 *19* 41

Case No. A-38

of Alice Marie Gabriel

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Alice Marie Gabriel

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Frank Edward Gabriel and Dora Elizabeth Gabriel, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 10 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Gabriel (Surname) Alice (First) Marie (Middle)

4. Date of birth 3-7-1891 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gabriel, (Surname) Frank (First) Edward (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Athens County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Ikensaa, (Surname) Dora (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 17 yrs.

18. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Williams

Address Essex, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Pearl Jewell

Case No. A-39

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Knox County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union County
(b) Leesburg Township
(City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(City) (Village) (Township)
(d) Street No.

3. Full name of child Jewell (Surname) Pearl (First) (Middle)
4. Date of birth I/25/1894 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Jewell (Surname) Charles (First) (Middle)
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business "

MOTHER OF CHILD
15. Full maiden name Turner (Surname) Mary (First) osephine (Middle)
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business "

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. B. V. Buffington
Address Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth*
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Pearl Jewell *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Pearl Jewell *Applicant*
P. O. Address Mt. Vernon, Ohio

Sworn to before me and signed in my presence this 10th *day of* November *19* 41.

Gwynn Sanders
Notary Public
(Official Title)

AFFIDAVIT

Probate Court, Union **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**
I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**
I, Sam Jewell, Uncle of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Sam Jewell
P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 10th *day of* November *19* 41.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**
I, Mary Jewell ---Aunt of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary Jewell
P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 10th *day of* November *19* 41.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the Birth
of Pearl Jewell

November 12, *19* 41

Case No. A-39

ORDER FOR HEARING

This day Pearl Jewell *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith, and that notice of hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application if the services of a Special Master Commissioner are necessary and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Pearl Jewell

Probate Court, Union **County, Ohio**

November 10th 1941

Case No. A-39

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Pearl Jewell

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Testimony of Sam and Mary Jewell, credible witnesses.; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Jewell (Surname) Pearl (First) (Middle)

4. Date of birth 1/25/1894 (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Jewell (Surname) Charles (First) (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Turner (Surname) Mary Josephine (First) (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. B. V. Buffington

Address Marysville, Ohio

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth *of* Vernon McKinley Everett

Case No. A-40

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Orange County, California *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Jackson Township (Village) ____ (Township)

(c) Name of hospital or institution: Farm house near Essex
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Jackson Township (Village) Essex (Township)

(d) Street No. ____

3. Full name of child Everett (Surname) Vernon (First) McKinley (Middle)

4. Date of birth Nov. 24, 1893 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Everett (Surname) William (First) Allen (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Parish, (Surname) Elva (First) Arabel (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. P. B. Hall
Address Richwood, Ohio
M. D., midwife, or other Nurse, Alma Williams

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded. Doctor now deceased.

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Vernon McKinley Everett *Applicant*

The State of Ohio, California, Orange **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Vernon McKinley Everett *Applicant*

P. O. Address 708 N. Harvard Ave. Fullerton, California

Sworn to before me and signed in my presence this 4th *day of* November *19* 41

Frances Lake

(Seal) Notary Public, My comm. exp. Aug. 21, 1944
(Official Title)

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of registration of birth *of* Vernon McKinley Everett

The State of Ohio, Union **County, ss.**

I, Alma Williams, *do hereby certify that I was the physician in attendance at the birth of* ____, *have personal knowledge of the facts, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Mrs. Alma Williams *Attending Physician*

P. O. Address Prospect, O.

Sworn to before me and signed in my presence this 13th *day of* December *19* 41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Elva Everett, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Elva Everett

P. O. Address Prospect, O.

Sworn to before me and signed in my presence this 13th *day of* December *19* 41

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, W. A. Everett, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

W. A. Everett

P. O. Address Prospect, Ohio

Sworn to before me and signed in my presence this 13th *day of* December *19* 41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of birth *of* Vernon McKinley Everett

November 13 *19* 41

Case No. A-40

ORDER FOR HEARING

This day Gwynn Sanders, Attorney *appeared in open court and filed an application for the* registration of birth of Vernon McKinley Everett.

It is ordered that hearing on said application be forwarded to Wm. J. White, a Master Commissioner, residing in the city of Santa Ana, Room 319 Hall of Records, to take the testimony of said applicant. After such deposition has been returned and filed in this court to assign said matter for hearing upon testimony of witnesses. It is further ordered that notice of said hearing be dispensed with and this matter is continued.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

(See Page 631 of this Record for Deposition of Applicant)

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*___

*Case No.*_____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Vernon McKinley Everett

Probate Court, Union **County, Ohio**

December 13 *19* 41

Case No. A-40

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Vernon McKinley Everett

for an order of The Court directing the registration of his *birth.*

William J. White, Master Commissioner, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Alma Williams, Elva Everett, and W. A. Everett, given before the Probate Court of Union County, Ohio and _____; *that notice of the hearing on said application has been* dispensed with _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson Township (City) (Village) (Township)

(c) Name of hospital or institution:

Farm house near Essex (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution none In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Essex, Jackson Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Everett (Surname) Vernon (First) McKinley (Middle)

4. Date of birth Nov. 24, 1893 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Everett, William Allen (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Parish, Elva Arabel (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. P. B. Hall

Address Richwood, Ohio

Nurse, Alma Williams

M. D., midwife, or other / Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Paul Rockwell

Case No. A-41

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* the city of Chicago, Cook County, Illinois *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: Home of mother on Elm Street (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery: In hospital or institution no In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. Died in 1935 at Marysville

3. Full name of child Rockwell (Surname) Paul (First) (Middle)
4. Date of birth Aug. 16, 1891 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet: no If so—born 1st, 2d, or 3d
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Rockwell (Surname) William (First) Willis (Middle)
10. Color or race Caucasion 11. Age at time of this birth 29 yrs.
12. Birthplace New Sharon, (City, town, or county) Iowa (State or foreign country)
13. Usual occupation photographer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Emma Brannon (Surname) (First) (Middle)
16. Color or race Caucasion 17. Age at time of this birth 31 yrs.
18. Birthplace Farm near Ferrisberg, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth: none
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Swisher
Address Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Paul Rockwell *Applicant*

The State of Ohio, Illinois, Cook **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Paul Rockwell *Applicant*
P. O. Address 909 S. Kostner Ave, Chicago, Ill.

Sworn to before me and signed in my presence this 22nd *day of* January *19*42.

Mino J. Peisello
(Seal) Notary Public (Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mabelle Newlove *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mabelle Newlove
P. O. Address 555 N. Main St., Marysville, O.

Sworn to before me and signed in my presence this 3 *day of* February *19*42.

Carrie W. Hornbeck
(Seal) Deputy in Probate Court (Official Title)

The State of Ohio, Union **County, ss.**

I, Anna N. Taylor, *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Anna N. Taylor
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 3 *day of* Feby. *19*42.

Carrie W. Hornbeck
(Seal) Deputy in Probate Court (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Paul Rockwell

December 23rd *19*41

Case No. A-41 ✓

ORDER FOR HEARING

This day Paul Rockwell *appeared in open court and filed an application for the* registration of his birth .

It is ordered that hearing on said application be had on the 1st day of December 1941 or as soon thereafter as convenient.

It is further ordered by The Court that D. I. Lipman, 120 S. LaSalle St., Chicago, Ill. *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

For Deposition, see page 56-B of this Record

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Paul Rockwell

Probate Court, Union **County, Ohio**

February 3 *19*42

Case No. A-41

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Paul Rockwell

for an order of The Court directing the registration of his *birth.*

D. I. Lipman, the master commissioner, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavits of Mabel Newlove and Anna Taylor and the testimony of said parties; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville Corp. (City) (Village) (Township)

(c) Name of hospital or institution:

Home of Mother, Elm St., Marysville (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution no In this community 25 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville Corp. (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Rockwell (Surname) Paul (First) _____ (Middle)

4. Date of birth Aug. 16, 1891 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rockwell, (Surname) William (First) Willis (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace New Sharon, (City, town, or county) Iowa (State or foreign country)

13. Usual occupation photographer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Brannon, (Surname) Emma (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Pharisburg, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: none

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Swisher

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Edgar Marion Wilcox

Case No. A-42

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Willoughby Twp. Lake Co.*; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Leesburg (Village) ____ (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Leesburg (Village) ____ (Township)

(d) Street No. ____

3. Full name of child Wilcox (Surname) Edgar (First) Marion (Middle)

4. Date of birth 7/10/1902 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Wilcox (Surname) Orlando (First) ____ (Middle)

10. Color or race White 11. Age at time of this birth 35 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Mullvaine, Minnie May (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 26 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business "

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? ____

(b) How many other children were born alive but were then dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife:

Name Dr. C. D. Bonner

Address Pharisburg, Ohio

____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Edgar Marion Wilcox *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Edgar Marion Wilcox *Applicant*

P. O. Address 29041 Oakdale Rd. Willoughby, Ohio.

Sworn to before me and signed in my presence this 21st *day of* November *19*41.

Martha L. Myers.

Notary Public.

(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Minnie May Wilcox, Mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Minnie Wilcox

P. O. Address Marysville, O. RD#1

Sworn to before me and signed in my presence this 21st *day of* November *19*41.

JOhn M. Dailey

Notary Public.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Laura Coder, aunt of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Laura Coder

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 21st *day of* November *19*41.

John W. Dailey

Notary Public

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth

of Edgar Marion Wilcox

November 21st *19*41

Case No. 42-A

ORDER FOR HEARING

This day Edgar Marion Wilcox *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Edgar Marion Wilcox

Probate Court, Union **County, Ohio**

November 21st *19*41

Case No. A-42

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edgar Marion Wilcox

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* testimony of Minnie Wilcox and Laura Coder, two credible Witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union Ohio

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth 7/10/1902 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Wilcox Orland (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Mullvaine Minnie May (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name Dr. C. D. Bonner

Address Pharisburg, Ohio.

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey. *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Bernard Henry Cody

Case No. A-43

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Fostoria, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Dover
(City) (Village) (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 34 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Dover
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Cody (Surname) Bernard (First) Henry (Middle)

4. Date of birth Sept. 12, 1888 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: none If so—born 1st, 2d, or 3d: X

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cody (Surname) Michael (First) (Middle)

10. Color or race white 11. Age at time of this birth 53 yrs.

12. Birthplace County Tipperary (City, town, or county) Ireland (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Powers, (Surname) Anastasia (First) (Middle)

16. Color or race white 17. Age at time of this birth 43 yrs.

18. Birthplace County Waterford (City, town, or county) Ireland (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 11
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Vigor
Address New Dover, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Bernard Henry Cody *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as verily believes.

Bernard Henry Cody *Applicant*

P. O. Address 936 N. Main St. Fostoria, Ohio

Sworn to before me and signed in my presence this 22 *day of* November *19* 41.

Helen Hawke
(Seal) Notary Public, My comm.exp. April 4,1944
(Official Title)

AFFIDAVIT

Probate Court, ——— **County, Ohio**

In the Matter of ———
of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Catherine Mackan, sister of Bernard Henry Cody *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Catherine Mackan

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 22 *day of* November *19* 41.

Carrie W. Hornbeck
(Seal) Deputy, Probate Court
(Official Title)

The State of Ohio, Union **County, ss.**

I, Anastasia Grigsby, sister of Bernard Henry Cody, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Anastasia Grigsby

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 22 *day of* November *19* 41.

Carrie W. Hornbeck
(Seal) Deputy, Probate Court
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Bernard Henry Cody

November 22 *19* 41

Case No. A-43

ORDER FOR HEARING

This day Bernard Henry Cody *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with

~~*It is further ordered by The Court that* ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*~~

NOTICE OF HEARING RECORDED Page ———

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

November 22 *19*41

Case No. A-43

of Bernard Henry Cody

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bernard Henry Cody

for an order of The Court directing the registration of his *birth.*

The _____, *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by the testimony of Catherine Mackan and Anastasia Grigsby, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover (City) (Village) (Township)

(c) Name of hospital or institution:

none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution none In this community 34 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover (City) (Village) (Township)

(d) Street No. none

3. Full name of child Cody (Surname) Bernard (First) Henry (Middle)

4. Date of birth Sept. 12, 1888 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet none If so—born 1st, 2d, or 3d x

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cody (Surname) Michael (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 53 yrs.

12. Birthplace County Tipperary, (City, town, or county) Ireland (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Powers, Anastasia (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 43 yrs.

18. Birthplace County Waterford, (City, town, or county) Ireland (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother:

(a) How many other children of this mother are now living? 11

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Vigor

Address New Dover, Ohio

_____

M. D., midwife, or other MD Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

(Seal)

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Rolly Sylvester Sharp

Case No. A-44

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 21 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, Ohio (City) (Village) (Township)

(d) Street No. West Bomford Street

3. Full name of child Sharp (Surname) Rolly (First) Sylvester (Middle)

4. Date of birth Sept. 6, 1882 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sharp (Surname) John (First) Upton (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Zane Twp. Logan County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Mathers, (Surname) Emma (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Paris Twp. Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Smith

Address Pottersburg, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded.

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Rolly Sylvester Sharp *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Rolly Sylvester Sharp *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 24th *day of* November *19* 41.

Clifton L. Caryl

Notary Public, Union County, Ohio (Seal)

(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, John Upton Sharp, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Upton Sharp

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 24 *day of* November *19* 41.

Carrie W. Hornbeck

Deputy, Probate Office (Seal)

(Official Title)

The State of Ohio, Union **County, ss.**

I, Emma Mathers Sharp, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Emma Sharp

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 24 *day of* November *19* 41

Carrie W. Hornbeck

Deputy, Probate Office (Seal)

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Rolly Sylvester Sharp

November 24 *19* 41

Case No. A-44

ORDER FOR HEARING

This day Rolly Sylvester Sharp *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Rolly Sylvester Sharp

Probate Court, Union **County, Ohio**

November 24 *19* 41

Case No. A-44

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Rolly Sylvester Sharp

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of John Upton Sharp and Mrs. Emma Sharp, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 21 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, Ohio (City) (Village) (Township)

(d) Street No. West Bomford Street

3. Full name of child Sharp (Surname) Rolly (First) Sylvester (Middle)

4. Date of birth Sept. 6, 1882 (Month) (Day (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sharp, (Surname) John (First) Upton (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Zane Twp. Logan County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Mathers, (Surname) Emma (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Paris Twp. Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Smith

Address Pottersburg, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Walter Wilshire Salisbury

Case No. A-45

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Los Angeles Co., Calif. *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Plain City, Ohio
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Plain City
(City) (Village) (Township)

(d) Street No.

3. Full name of child Salisbury (Surname) Walter (First) Wilshire (Middle)

4. Date of birth Feb. 12, 1906 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? yes

FATHER OF CHILD

9. Full name Salisbury, (Surname) Louis (First) Fairbanks (Middle)

10. Color or race White 11. Age at time of this birth 25 yrs.

12. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Musician

14. Industry or business

MOTHER OF CHILD

(deceased)

15. Full maiden name Tobin, (Surname) Ruie (First) Amanda (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Rio Grande, Gallia Co., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother before this birth: 4
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name Dr. Gardner (now deceased)
Address Plain City, Madison County, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded. My mother has been deceased since July 19, 1923. She died at time of our residence at 976 Cleveland Ave. Columbus, Ohio

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Walter Wilshire Salisbury *Applicant*

The State of Ohio, California, Los Angeles **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Walter Wilshire Salisbury *Applicant*

P. O. Address 852 So. Main Street

Sworn to before me and signed in my presence this 3rd *day of* November *19* 41.

Sadie E. Lewis
(Seal) Notary Public, My Comm. exp. May 14, 1944
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Franklin **County, ss.**

I, Louis Fairbanks Salisbury, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lewis Fairbanks Salisbury

P. O. Address 38 E. Poplar, Columbus, O.

Sworn to before me and signed in my presence this 6th *day of* November *19* 41.

F. R. Valentine
(Seal) Notary Public, Franklin County, Ohio
(Official Title)
My Commission expires Oct. 1, 1942

The State of Ohio, Union **County, ss.**

I, Mrs. Bessie Gack (aunt of Walter W. Salisbury), *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Bessie Gack - Aunt

P. O. Address 187 Glencoe Rd. Columbus, Ohio

Sworn to before me and signed in my presence this 6th *day of* November *19* 41.

F. R. Valentine
(Seal) Notary Public, Franklin County, Ohio
(Official Title)
My Commission expires Oct. 1, 1942

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Walter Wilshire Salisbury

November 27 *19* 41

Case No. A-45

ORDER FOR HEARING

This day Walter Wilshire Salisbury *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application Robert W. Kenney, 229 N. Broadway, Los Angeles, California, be appointed as a Master Commissioner to take the testimony of the applicant at his convenience.

It is further ordered, by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

(For Deposition of the Applicant, see Page 631 of this Record)

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

December 15 *19*41

Case No. A-45

of Walter Wilshire Salisbury

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Walter Wilshire Salisbury

for an order of The Court directing the registration of his *birth.*

Robert W. Kenney, the Master Commissioner appointed by the Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavits of Lewis Fairbanks Salisbury and Bessie Gack, credible witnesses, together with documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Plain City (City) Ohio (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Plain City (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Salisbury (Surname) Walter (First) Wilshire (Middle)

4. Date of birth Feb. 12, 1906 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 4

8. Mother married? yes

FATHER OF CHILD

9. Full name Salisbury, Lewis (Surname) Fairbanks (First) (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Musician

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Tobin (Surname) Ruie (First) Amanda (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Rio Grande, Gallia County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name Dr. Gardner

Address Plain City, Madison Co. Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Dorothy May Cahill

Case No. A-46

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marion, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 2 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) West Mansfield (City) (Village) (Township)

(d) Street No. R. F. D. #2

3. Full name of child Cahill (Surname) Dorothy (First) May (Middle)

4. Date of birth 11-19-1907 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cahill, (Surname) Albert (First) Glenn (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Union County, (City, town, or county) York Township, U.S.A. (State or foreign country)

13. Usual occupation carpenter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Bruerd, (Surname) Ethel (First) Lee (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Union County, (City, town, or county) Liberty Twp. U. S. A. (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address Raymond, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 4, page 26 of the birth records of Union County, Ohio. That her birth date is November 19, 1907* *Your applicant hereby makes application for an order of the Court, directing* correction of her birth record, *as provided by law.*

* instead of Aug. 20, 1907, and that the spelling of said name Dorothy May Cahill be corrected from Dortha to Dorothy May Cahill

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Dorothy May Cahill *Applicant*

P. O. Address 263 Clinton St., Marion, Ohio

Sworn to before me and signed in my presence this 28th *day of* November *19* 41.

Martha L. Myers

(Seal) Notary Public, Com. expires 1/14/44

(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Albert Cahill, father of Dorothy Cahill, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Albert Glen Cahill

P. O. Address RFD #2, West Mansfield, Ohio

Sworn to before me and signed in my presence this 28th *day of* November *19* 41.

(Seal) John W. Dailey

Probate Judge

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ethel Cahill, mother of Dorothy Cahill, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ethel Cahill

P. O. Address RFD #2, West Mansfield, Ohio

Sworn to before me and signed in my presence this 28th *day of* November *19* 41.

John W. Dailey

(Seal) Probate Judge

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Dorothy May Cahill

November 28 *19* 41

Case No. A-46

ORDER FOR HEARING

This day Dorothy May Cahill *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Dorothy May Cahill

Probate Court, Union **County, Ohio**

November 28 *19*41

Case No. A-46

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Dorothy May Cahill *for an order of The Court correcting* her *birth record, as it is registered in the office of* Union County Probate Court. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) West Mansfield, (City) (Village) (Township)

(d) Street No. R.F.D. #2

3. Full name of child Cahill (Surname), Dorothy (First), May (Middle)

4. Date of birth 11-19-1907 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: single; If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cahill (Surname) Albert (First) Glenn (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Union County, (City, town, or county) U.S.A. (State or foreign country)

13. Usual occupation carpenter

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Bruerd (Surname) Ethel (First) Lee (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Union County, Liberty Township, U.S.A. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address Raymond, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That her birth date be changed from August 20, 1907 to the correct date of November 19, 1907, and that the spelling of said name be corrected from Dortha to Dorothy May Cahill.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

19

Case No.

of ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Lelah Bell Cahill

Case No. A-47

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marion, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— York Township
(City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— West Mansfield
(City) (Village) (Township)

(d) Street No. R.F.D. #2

3. Full name of child Cahill (Surname) Lelah (First) Bell (Middle)

4. Date of birth 8-20-1903 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cahill (Surname), Albert (First) Glenn (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Union County, (City, town, or county) Ohio, U.S.A. (State or foreign country)

13. Usual occupation carpenter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Bruerd (Surname), Ethel (First) Lee (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, (City, town, or county) Liberty Twp. Ohio, U.S.A. (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address Raymond, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded.

Your applicant hereby makes application for an order of the Court, directing registration of her birth *, as provided by law.*

Lelah Bell Cahill *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Lelah Bell Cahill *Applicant*

P. O. Address 660 Wood Street, Marion, Ohio

Sworn to before me and signed in my presence this 28th *day of* November *19* 41.

Martha L. Myers

(Seal) Notary Public, Com. expires 1/14/44
(Official Title)

AFFIDAVIT

Probate Court, ——— **County, Ohio**

In the Matter of ———

of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Albert Cahill, father of Lelah Cahill, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Albert Glen Cahill

P. O. Address R.F.D. #2, West Mansfield, Ohio

Sworn to before me and signed in my presence this 28th *day of* November *19* 41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ethel Cahill, mother of Lelah Cahill, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ethel Cahill

P. O. Address R.F.D. #2, West Mansfield, Ohio

Sworn to before me and signed in my presence this 28th *day of* November *19* 41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Lelah Bell Cahill

November 28 *19* 41

Case No. A-47

ORDER FOR HEARING

This day Lelah Bell Cahill *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ——— (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ Surname First Middle

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lelah Bell Cahill

Probate Court, Union **County, Ohio**

November 28 *19*41

Case No. A-47

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lelah Bell Cahill

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Albert Cahill and Ethel Cahill, two credible witnesses, *; that notice of the hearing on said application has been* dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York Township (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) West Mansfield, (City) (Village) (Township)

(d) Street No. R. F. D. #2

3. Full name of child Cahill (Surname) Lelah (First) Bell (Middle)

4. Date of birth 8-20-1903 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet single If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cahill (Surname) Albert (First) Glenn (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Union County, Ohio, U.S.A. (City, town, or county) (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Bruerd, Ethel Lee (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, Liberty Twp. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. C. L. Thompson

Address Raymond, Ohio

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the birth *of* William Hatcher

Case No. A-49

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* ; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution: Richwood, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, Ohio
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Hatcher (Surname) William (First) ____ (Middle)

4. Date of birth 2/8/1886 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hatcher, Alexander
Surname First Middle

10. Color or race White 11. Age at time of this birth 29 yrs.

12. Birthplace Belmont County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation Farmer & Stock dealer

14. Industry or business 〃 〃 〃 〃

MOTHER OF CHILD

15. Full maiden name Browning, Mary Eliza
Surname First Middle

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Franklin County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business 〃

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Oakley

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. No. 3 page 80 of the birth records of Union County, Ohio.

Your applicant hereby makes application for an order of the Court, directing the correction *, as provided by law.*

William Hatcher *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Hatcher *Applicant*

P. O. Address Wayne, Michigan

Sworn to before me and signed in my presence this 10th *day of* December *19*41.

Clifton L. Caryl

Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Henry Adams, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Henry Adams

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 10th *day of* Decembeber *19*41.

Clifton L. Caryl

Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, James Cushman, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

James Cushman

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 10th *day of* December *19*41.

Clifton L. Caryl

Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth *of* William Hatcher

December 10th *19*41

Case No. A-49

ORDER FOR HEARING

This day William Hatcher *appeared in open court and filed an application for the* correction of his birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with.

It is further ordered by the Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey. *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of William Hatcher

Probate Court, Union **County, Ohio**

December 10th *19* 41

Case No. A-49

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of William Hatcher *for an order of The Court correcting* his *birth record, as it is registered in the office of* The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution:
Richwood, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 20yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Hatcher (Surname) William (First) _____ (Middle)

4. Date of birth 2/8/1886 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hatcher (Surname) Alexander (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Belmont County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation Farmer and stock buyer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Browning, Mary Eliza
(Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Franklin County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Oakley

Address Richwood, Ohio

M. D., midwife, or other _____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That upon the Records of Birth, Vol.3 page 80 in the office of the Probate Court said name "Hatcher" be proceeded by the given name of the applicant as Willaim, making the said name appear William Hatcher.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, _____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of _____

19 ____

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____ *for an order of The Court directing the registration of* _____ *birth.*

_____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:
_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) _____ (First) _____ (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) _____ (First) _____ (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
(Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name _____

Address _____

M. D., midwife, or other _____ Date signed _____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth of Gail Sceamon Miller

Case No. A-51

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Champaign County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Irwin Station (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 2 yrs

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Miller (Surname) Gail (First) Sceamon (Middle)

4. Date of birth 2-2-1896 (Month) (Day) (Year)

5. Sex: M

6. Twin or triplet: Single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Miller. George, W. (Surname) (First) (Middle)

10. Color or race White 11. Age at time of this birth 22 yrs.

12. Birthplace Union County, U.S.A (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Hammond, Mattie C (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, U.S.A (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. E.H. Lore

Address Milford Center, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Gail Sceamon Miller *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Gail Sceamon Miller *Applicant*

P. O. Address R.F.D. #2, Urbana, Ohio

Sworn to before me and signed in my presence this 15th *day of* December *19*41.

Martha L. Myers

Notary Public. Com expires 1/14/44

(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____

_____

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mae Hill, cousin of Gail Miller, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mae Hill

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 15th *day of* December *19*41.

Carrie W. Hornbeck

Probate Deputy

(Official Title)

The State of Ohio, Union **County, ss.**

I, Essie Jenkins, sister of Gail Miller, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Essie Jenkins

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 15th *day of* December *19*41.

Carrie W. Hornbeck

Probate Deputy

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth *of* Gail Sceamon Miller

December 15, 1941 *19*____

Case No. A-51

ORDER FOR HEARING

This day Gail Sceamon Miller *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with

It is further ordered by The Court that _____ *be, and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

JOHN W. BAILEY

NOTICE OF HEARING RECORDED Page _____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____ *for an order of The Court correcting* _____ *birth record, as it is registered in the office of* _____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Gail Sceamon Miller

Probate Court, Union **County, Ohio**

December 15th *19* 41

Case No. A-51

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Gail Sceamon Miller *for an order of The Court directing the registration of* his *birth.*

THE COURT, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Mae Hill and Essie Jenkins, credible witnesses; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Irwin Station (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution _____ In this community 2 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Miller, Gail (Surname) Sceamon (First) (Middle)

4. Date of birth 2/2/1896 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Miller (Surname) George (First) W. (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Hammond, Mattie C. (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business "

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name E. H. Lore

Address Milford Center, Ohio

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey. *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth

of Forest Hyland

Case No. A-52

APPLICATION

Your applicant respectfully represents that he *was born in* Hardin *County, Ohio; that* he *now resides in* Montgomery county; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Hardin

(b) Kenton (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) RFD Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Hyland (Surname) Forest (First) ____ (Middle)

4. Date of birth 4/26/1900 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hyland, (Surname) Clarence (First) ____ (Middle)

10. Color or race White 11. Age at time of this birth 20 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer and laborer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Smith, (Surname) Mildred (First) ____ (Middle)

16. Color or race White 17. Age at time of this birth 16 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? ____

(b) How many other children were born alive but were then dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife:

Name unknown

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* was erroneously recorded in the

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record, *as provided by law.*

Forest Hyland *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Forest Hyland *Applicant*

P. O. Address 1828 Patterson Rd. Dayton, Ohio

Sworn to before me and signed in my presence this 16th *day of* December *19* 41.

Gwynn Sanders

Notary Public (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Edna Parker, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edna Parker

P. O. Address 822 W. 4th st. Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* December *19* 41.

John W. Dailey

Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, George Walter Stump, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

George Walter Stump

P. O. Address 633 London Ave, Marysville, Ohio

Sworn to before me and signed in my presence this 22nd *day of* December *19* 41

John W. Dailey

Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth

of Forest Hyland

December 16th. *19* 41

Case No. A-52

ORDER FOR HEARING

This day Forest Hyland *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

JOHN W. DAILEY. *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Forest Hyland

Probate Court, Union County, Ohio

December 16th 1941

Case No. A-52

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Forest Hyland *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of the applicant and two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Hardin

(b) Kenton (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) RFD. Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Hyland (Surname) Forest (First) ____ (Middle)

4. Date of birth 4/26/1900 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hyland (Surname) Clarence (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 20 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Smith, Mildred (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 16 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife:

Name not known

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's birth be recorded correctly as of April 26,1900,instead of Feb.8,1904 as it now appears,and that applicants name be corrected to Forest Hyland, in place of Clare Deforest Hyland.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____ *Deputy Clerk.*

To here: Except #A-41
12-16-41
E. Serbu, Examiner

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* Delbert Owen Hensley

Case No. A-53

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Dunbridge, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City), (Village) Taylor (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 9yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway, Taylor Twp.
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Hensley (Surname), Delbert (First), Owen (Middle)

4. Date of birth 9/25/1879 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hensley (Surname) Samuel (First) (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Darling, Alice (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 38 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? 2

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Richardson

Address Summerville, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Delbert Owen Hensley *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Delbert Owen Hensley *Applicant*

P. O. Address Dunbridge, Ohio Box 83

Sworn to before me and signed in my presence this 17th *day of* December *19*41.

W. W. Hoopes
Notary Public
(Official Title)

AFFIDAVIT

Probate Court, _____ County, Ohio

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, L. F. Otte, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

L.F. Otte

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* December *19*41.

W. W. Hoopes, Carrie W. Hornbeck
Notary Public, Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, W. F. Morey, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

W. F. Morey

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* December *19*41.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* Delbert Owen Hensley

December 17 *19*41

Case No. A-53

ORDER FOR HEARING

This day Delbert Owen Hensley *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Delbert Owen Hensley

Probate Court, Union **County, Ohio**

December 17 *19*41

Case No. A-53

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Delbert Owen Hensley

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of L.F. Otte, and W.F. Morey, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City) Taylor (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 9 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway, (City) Taylor (Township)

(d) Street No. _____

3. Full name of child Hensley, (Surname) Delbert (First) Owen (Middle)

4. Date of birth 9/25/1879 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hensley, (Surname) Samuel (First) (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Darling, Alice (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 38 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Richardson

Address Summerville, Ohio

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY. *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O.

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Elmer Newton Forsythe

Case No. A-54

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 243 David St. Marion, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) York Township
(City) (Village) (Township)

(c) Name of hospital or institution: R.F.D.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Township
(City) (Village) (Township)

(d) Street No. R.F.D.

3. Full name of child Forsythe (Surname) Elmer (First) Newton (Middle)

4. Date of birth June 11, 1906 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Forsythe (Surname) Henry (First) Harrison (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Logan County, Ohio, U.S.A.
(City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Collum (Surname) Ora (First) May (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Union Co. Ohio, U.S.A.
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name _____

Address West Mansfield, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Elmer Newton Forsythe *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Elmer Newton Forsythe *Applicant*

P. O. Address Marion, Ohio, 243 David St.

Sworn to before me and signed in my presence this 24 *day of* December *19* 41.

F. LeRoy Allen

(Seal) Notary Public
(Official Title)

AFFIDAVIT

Probate Court, Union **County, Ohio**

In the Matter of Registration of Birth
of Elmer Newton Forsythe

The State of Ohio, Logan **County, ss.**

I, G. F. Plotner, M.D. *, do hereby certify that I was the physician in attendance at the birth of* Elmer Newton Forsythe *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

G. F. Plotner, M.D. *Attending Physician*

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 2 *day of* January *19* 42.

Lillian H. Brooks

(Seal) Notary Public, Logan County, Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, Henry Harrison Forsythe, fatherof Elmer Newton Forsythe *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Henry Harrison Forsythe

P. O. Address _____

Sworn to before me and signed in my presence this 7 *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ora May Forsythe, mother of Elmer Newton Forsythe *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ora May Forsythe

P. O. Address _____

Sworn to before me and signed in my presence this 7 *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Elmer Newton Forsythe

January 7 *19* 42

Case No. A-54 ✓

ORDER FOR HEARING

This day Elmer Newton Forsythe *appeared in open court and filed an application for the* registration of birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court,_____County, Ohio

_____19____

*Case No.*_____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

*This day this cause came on to be heard on the application of*_____

*for an order of The Court correcting*_____*birth record, as it is registered in the office of*_____

_____*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*_____

_____;

*that notice of the hearing on said application has been*_____*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____
Surname First Middle

4. Date of birth_____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Elmer Newton Forsythe

Probate Court, Union County, Ohio

January 7 *19* 42

Case No. A-54

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Elmer Newton Forsythe

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavit of physician in attendance and testimony of two credible witnesses in open court; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York
(City) (Village) (Township)

(c) Name of hospital or institution:

R. F. D.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Forsythe Elmer Newton
Surname First Middle

4. Date of birth June 11, 1906
(Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Forsythe, Henry Harrison
Surname First Middle

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Logan County, Ohio, U.S.A.
(City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Collum Ora May
Surname First Middle

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Union Co., Ohio, U.S.A.
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? two

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name F. F. Plotner, M.D.

Address West Mansfield, Ohio

_____

M. D., midwife, or other_____ Date signed 1-2-42

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Robert Wellington Jolliff

Case No. A- 55

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Mt. Victory, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) (City) ——— (Village) York (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution no In this community 43 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) (City) ——— (Village) York (Township)

(d) Street No. ———

3. Full name of child Jolliff (Surname) Robert (First) Wellington (Middle)

4. Date of birth May 1, 1908 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy: 9 mo

8. Mother married? yes

FATHER OF CHILD

9. Full name Jolliff (Surname) John (First) D. (Middle)

10. Color or race white 11. Age at time of this birth 46 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Norris (Surname) Sarah (First) ——— (Middle)

16. Color or race white 17. Age at time of this birth 43 yrs.

18. Birthplace Delaware County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth: 7
(a) How many other children of this mother were living? 7
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address Peoria, Ohio
———
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Robert Wellington Jolliff *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Robert Wellington Jolliff *Applicant*

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 27th *day of* January *19* 42.

Alnet Mayer

(Seal) Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ——— **County, Ohio**

In the Matter of ———
of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

———
(Official Title)

The State of Ohio, Union **County, ss.**

I, Sarah Norris Jolliff, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Sarah Norris Jolliff

P. O. Address W. Mansfield, Ohio

Sworn to before me and signed in my presence this 27th *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lena M. Winters, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lena M. Winters

P. O. Address W. Mansfield, Ohio

Sworn to before me and signed in my presence this 27th *day of* January *19* 42.

(Seal) Carrie W. Hornbeck

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth
of Robert Wellington Jolliff

January 27th *19* 42

Case No. A-55

ORDER FOR HEARING

This day Robert Wellington Jolliff *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Robert Wellington Jolliff

Probate Court, Union **County, Ohio**

January 27 *19*42

Case No. A-55

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Robert Wellington Jolliff

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Sarah Norris Jolliff, and Lena Winters, credible witnesses, mother and sister respectively; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York (City) (Village) (Township)

(c) Name of hospital or institution:

none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution no In this community 43 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Jolliff (Surname) Robert (First) Wellington (Middle)

4. Date of birth May 1, 1908 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9 mo

8. Mother married? yes

FATHER OF CHILD

9. Full name Jolliff (Surname) John (First) D. (Middle)

10. Color or race white 11. Age at time of this birth 46 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Norris (Surname) Sarah (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 43 yrs.

18. Birthplace Delaware County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 7

(a) How many other children of this mother are now living? 7

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. C. L. Thompson

Address Peoria, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Earl Edwin Slemmons

Case No. A-56

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Detroit, Michigan *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Township (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 5 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Slemmons (Surname) Earl (First) Edwin (Middle)

4. Date of birth 5-20-1880 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Slemmons (Surname), William (First), J. (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Harrison County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation contractor-carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Moore (Surname), Mary (First), _____ (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Marshall County, (City, town, or county) W. Va. (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? two

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Oceana Moore

Address Richwood, Ohio

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Earl Edwin Slemmons *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Earl Edwin Slemmons *Applicant*

P. O. Address 15133 Pierson Ave., Detroit, Michigan

Sworn to before me and signed in my presence this 22 *day of* December *19* 41.

John W. Dailey

(Seal) Probate Judge (Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

_____

_____ (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Earl Edwin Slemmons

December 22 *19* 41

Case No. A-56 ✓

ORDER FOR HEARING

This day Earl Edwin Slemmons *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that William S. Hoopes *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ John W. Dailey *Probate Judge.*

(For Deposition of Witnesses, see Page 632 of this Record)

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

December 22 *19* 41

Case No. A-56

of Earl Edwin Slemmons

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Earl Edwin Slemmons

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Oceana(Moore)Wallace and William Moore, credible witnesses, taken before a Master Commissioner, heretofore appointed herein; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Township (City) (Village) (Township)

(c) Name of hospital or institution:

home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 5yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Slemmons (Surname) Earl (First) Edwin (Middle)

4. Date of birth 5-20-1880 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Slemmons, (Surname) William (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Harrison County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation contractor-carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Moore, (Surname) Mary (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Marshall County, (City, town, or county) W. Va. (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? two

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Oceana Moore

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Cecil William Mulligan

Case No. A-57

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union Co. Richwood, O.R.F.D.1; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Mulligan (Surname) Cecil (First) William (Middle)

4. Date of birth Jan. 24, 1902 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy: Nine

8. Mother married? Yes

FATHER OF CHILD

9. Full name Mulligan, (Surname) James (First) (Middle)

10. Color or race White 11. Age at time of this birth 34 yrs.

12. Birthplace _____ (City, town, or county) Ireland (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Kale, (Surname) Thresa (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Fayette County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business None

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? one

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address Peoria, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Cecil William Mulligan *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Cecil William Mulligan *Applicant*

P. O. Address Richwood, Ohio, Rt. 1

Sworn to before me and signed in my presence this 24th *day of* December *19* 41.

Robert F. Allen

(Seal) Notary Public, Union County, Ohio, My Commission expires April 7, 1943
(Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of the Registration of Birth

of Cecil William Mulligan

The State of Ohio, Union **County, ss.**

I, C. L. Thompson, *do hereby certify that I was the physician in attendance at the birth of* Cecil William Mullinga, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

C. L. Thompson, M.D. *Attending Physician*

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 24th *day of* December *19* 41.

Robert F. Allen

(Seal) Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles Mulligan, uncle of Cecil William Mulligan, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles Mulligan

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26 *day of* December *19* 41

Carrie W. Hornbeck

(Seal) Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Callie Mulligan, aunt of Cecil William Mulligan, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Callie Mulligan

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26 *day of* December *19* 41.

Carrie W. Hornbeck

(Seal) Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth

of Cecil William Mulligan

December 26 *19* 41

Case No. A-57

ORDER FOR HEARING

This day Cecil William Mulligan *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Cecil William Mulligan

Probate Court, Union County, Ohio

December 26 *19* 41

Case No. A-57

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Cecil William Mulligan

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavit of the physician in attendance and the testimony of Charles Mulligan and Callie Mulligan, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution:

At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Mulligan (Surname) Cecil (First) William (Middle)

4. Date of birth Jan. 24, 1902 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Mulligan, James (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace _____ (City, town, or county) Ireland (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Kale Thresa (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Fayette County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business None

22. Attending Physician or Midwife

Name C. L. Thompson

Address Peoria, Ohio

_____

M. D., midwife, or other _____ Date signed _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? one

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Charles Guy Wynn

Case No. A-58

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Jackson Twp, Union Co. Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Jackson (Village) (Township)

(c) Name of hospital or institution: ____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Jackson (Village) (Township)

(d) Street No. ____

3. Full name of child Wynn (Surname) Charles (First) Guy (Middle)

4. Date of birth March 6, 1895 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wynn (Surname) John (First) Oscar (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Pike County, Ohio, (City, town, or county) U.S.A. (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Moore (Surname) Mary (First) Elsie (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Jackson Twp, Union County, Ohio, (City, town, or county) USA (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth: one
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Firmen Wurtsbaugh Sr.
Address Richwood, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth *, as provided by law.*

Charles Guy Wynn *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles Guy Wynn *Applicant*

P. O. Address Richwood, Ohio, Route #1

Sworn to before me and signed in my presence this 26 *day of* December *19* 41.

F. LeRoy Allen
Notary Public, Union County, Ohio, My Comm. expires Feb. 6, 1942 (Official Title) (Seal)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, J. O. Wynn, father of Charles Guy Wynn, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. O. Wynn

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19* 41.

Carrie W. Hornbeck
(Seal) Deputy, Probate Court (Official Title)

The State of Ohio, Union **County, ss.**

I, Elsie Wynn, mother of Charles Guy Wynn, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Elsie Wynn

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19* 41.

Carrie W. Hornbeck
Deputy, Probate Court (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Charles Guy Wynn

December 27 *19* 41

Case No. A-58 ✓

ORDER FOR HEARING

This day CharlesGuy Wynn *appeared in open court and filed an application for the* registration of Birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Charles Guy Wynn

Probate Court, Union **County, Ohio**

December 27 *19* 41

Case No. 58

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Guy Wynn

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of J. O. Wynn and Elsie Wynn, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Wynn (Surname) Charles (First) Guy (Middle)

4. Date of birth March 6, 1895 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wynn (Surname) John (First) Oscar (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Pike County, Ohio, U. S. A. (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Moore, Mary Elsie (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Jackson Twp. Union Co., O., U.S.A. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: one

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Firman Wurtsbaugh, Sr.

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Charles Thomas McElroy

Case No. A-59

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Flint, Michigan *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) York Center (City) York (Village) York (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Center (City) York (Village) York (Township)

(d) Street No. ____

3. Full name of child McElroy (Surname) Charles (First) Thomas (Middle)

4. Date of birth 2/11/1906 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McElroy, (Surname) Emery (First) L. (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Summerville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Davis (Surname) Effie (First) R. (Middle)

16. Color or race White 17. Age at time of this birth 29 yrs.

18. Birthplace York Center, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business "

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address Peoria, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth is not recorded*

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Charles Thomas McElroy *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles Thomas McElroy *Applicant*

P. O. Address 2101 S. Dort Highway, Flint, Mich.

Sworn to before me and signed in my presence this 26th *day of* December *19* 41.

Martha L. Myers
Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Emery L. McElroy, father of Charles McElroy, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Emery L. McElroy

P. O. Address 16 Copeland Ave. Marion, Ohio

Sworn to before me and signed in my presence this 26th *day of* December *19* 41.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Effie R. McElroy, Mother of Charles McElroy, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Effie R. McElroy

P. O. Address 16 Copeland Ave, Marion Ohio

Sworn to before me and signed in my presence this 26th *day of* December *19* 41.

Carrie W. Hornbeck
Probate Deputy.
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Charles Thomas McElroy

December 26th. *19* 41

Case No. A-59 ✓

ORDER FOR HEARING

This day Charles Thomeas McElroy *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

JOHN W. DAILEY. *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Charles Thomas McElroy

Probate Court, Union **County, Ohio**

December 26th. *19* 41

Case No. A-59

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Thomas McElroy

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Emery L. McElroy and Effie R. McElroy, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York Center, (City) York (Village) (Township)

(c) Name of hospital or institution:

home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 29 (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Center, (City) York (Village) (Township)

(d) Street No. _____

3. Full name of child McElroy (Surname) Charles (First) Thomas (Middle)

4. Date of birth 2/11/1906 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McElroy, Emery L. (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Summerville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Davis, Effie R. (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace York Center, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. C. L. Thompson

Address Peoria, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of William Guy Robertson

Case No. A-60

APPLICATION

Your applicant respectfully represents that ____ *was born in* Union *County, Ohio; that* he ____ *now resides in* 482 West Center Street. Marion, Ohio ; *and that the following are the available facts with relation to* his ____ *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Leesburg (Village) ____ (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Richwood, Ohio (Village) ____ (Township)

(d) Street No. ____

3. Full name of child Robertson (Surname) William (First) Guy (Middle)

4. Date of birth Feb. 26, 1882 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Robertson, (Surname) George (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Forest County, Pa., U.S.A. (City, town, or county) (State or foreign country)

13. Usual occupation Laborer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Foster, (Surname) Mary (First) Louisa (Middle)

16. Color or race White 17. Age at time of this birth 40 yrs.

18. Birthplace Union County, Ohio, U.S.A. (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother before this birth: ten

(a) How many other children of this mother were living? six

(b) How many other children were born alive but were then dead? four

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Deceased

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

William Guy Robertson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Guy Robertson *Applicant*

P. O. Address 482 W. Center St., Marion, Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19* 41.

F. LeRoy Allen

(Seal) Notary Public (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Amanda McEntire, sister of William Guy Robertson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Amanda McEntire

P. O. Address 141 E. Ottowa St., Richwood, Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19*41.

Carrie W. Hornbeck

(Seal) Deputy, Probate Court (Official Title)

The State of Ohio, Union **County, ss.**

I, Stephen Powell, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Stephen Powell

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 29 *day of* December *19*41.

Carrie W. Hornbeck

Deputy in Probate Court (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of William Guy Robertson

December 29 *19*41

Case No. A-60 ✓

ORDER FOR HEARING

This day William Guy Robertson *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of William Guy Robertson

Probate Court, Union **County, Ohio**

December 29 *19*41

Case No. A-60

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Guy Robertson

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Amanda McEntire and Stephen Powell, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Robertson (Surname) William (First) Guy (Middle)

4. Date of birth Feb. 26, 1882 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? yes

FATHER OF CHILD

9. Full name Robertson, (Surname) George (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Forest County, Pa., U.S.A. (City, town, or county) (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Foster, Mary Louisa (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 40 yrs.

18. Birthplace Union County, Ohio, U.S.A. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: ten

(a) How many other children of this mother are now living? six

(b) How many other children were born alive but are now dead? four

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Deceased

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Arthur Levi Crowe

Case No. A-61

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* McGuffey, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) ____ (City) Washington (Township) (Village)
(c) Name of hospital or institution: ____
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Hardin
(c) ____ (City) Buck (Township) (Village)
(d) Street No. ____

3. Full name of child Crowe (Surname) Arthur (First) Levi (Middle)
4. Date of birth 11/27/1913 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Crowe (Surname) Carl, (First) J. (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Wood County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business ____

MOTHER OF CHILD
15. Full maiden name Marling (Surname) Mary (First) M. (Middle)
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Hardin County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? five
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Sullivan
Address West Mansfield, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Arthur Levi Crowe *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Arthur Levi Crowe *Applicant*
P. O. Address McGuffey, Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19* 41.

Carrie W. Hornbeck
Probate Deputy (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**
In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Carl J. Crowe, father of Arthur Crowe, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carl J. Crowe
P. O. Address R#1 Spencerville, Ohio

Sworn to before me and signed in my presence this 27 *day of* December *19* 41.

Carrie W. Hornbeck
Probate Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Mary M. Crowe, mother of Arthur Crowe, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary M. Crowe
P. O. Address R#1 Spencerville, Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19* 41.

Carrie W. Hornbeck
Probate Deputy (Official Title)

Probate Court, Union **County, Ohio**
In the Matter of the ~~registration of the birth~~
of Arthur Levi Crowe

December 27th *19* 41

Case No. A-61

ORDER FOR HEARING

This day Arthur Levi Crowe *appeared in open court and filed an application for the* the registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

JOHN W. DAILEY. *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

December 27, *19* 41

Case No. A-61

of Arthur Levi Crowe

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Arthur Levi Crowe

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of the parents of Arthur Levi Crowe

_____;

that notice of the hearing on said application has been _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 1 yr (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Hardin

(c) Buck (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Crowe (Surname) Arthur (First) Levi (Middle)

4. Date of birth 11/27/1913 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Crowe (Surname) Carl (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Wood County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Marling (Surname) Mary (First) M (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Hardin County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business "

21. Children born to this mother:

(a) How many other children of this mother are now living? five

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Sullivan

Address West Mansfield, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY. *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth

of James Arthur Tanner

Case No. A-62

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marion, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Richwood (Village) ____ (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 3 yrs

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Richwood, (Village) ____ (Township)

(d) Street No. ____

3. Full name of child Tanner (Surname) James (First) Arthur (Middle)

4. Date of birth 11/23/1880 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Tanner (Surname) John (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation thresher

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Wilson (Surname) Martha (First) Ellen (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation farmer

20. Industry or business "

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? ____

(b) How many other children were born alive but were then dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife:

Name Dr. B. P. Hall

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Jame Arthur Tanner *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

James Arthur Tanner *Applicant*

P. O. Address 326 Nye St. Marion, Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19* 41.

Helen Hawke

Notary Public

(Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Benton Sinkey, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Benton Sinkey

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 27 *day of* December *19* 41.

Helen Hawke

Notary Public

(Official Title)

The State of Ohio, Union **County, ss.**

I, John Tonguet, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Tonguet

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19* 41.

Helen Hawke

Notary Public.

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth

of James Arthur Tanner

December 27th *19* 41

Case No. A-62

ORDER FOR HEARING

This day James Arthur Tanner *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, Union **County, Ohio**

December 27, 1941

Case No. A-62

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of James Arthur Tanner

Probate Court, Union **County, Ohio**

December 27 19 41

Case No. A-62

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Arthur Tanner

for an order of The Court directing the registration of his *birth.*

The court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of reliable witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 3 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Tanner (Surname) James (First) Arthur (Middle)

4. Date of birth 11/23/1880 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Tanner (Surname) John (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County, Ohio (City, town, or county) _____ (State or foreign country)

13. Usual occupation thresher

14. Industry or business " "

MOTHER OF CHILD

15. Full maiden name Wilson (Surname) Martha (First) Ellen (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County, Ohio (City, town, or county) _____ (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name Dr. B. P. Hall

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

(Seal)

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Cecil M. James

Case No. A-63

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* St. Louis, Missouri; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 23 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No.

3. Full name of child James, (Surname) Cecil (First) M (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex F

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name James (Surname) Sylvester (First) Skidmore (Middle)

10. Color or race White 11. Age at time of this birth 26 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Anderson, Emma (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Jay Pounds

Address Ostrander, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol 3 page 106 of the records of Union County, Ohio. The records show that applicant was born on Sept. 23, 1903, when in truth and fact applicant was born on the 29th day of August, 1903.

Your applicant hereby makes application for an order of the Court, directing ____ *as provided by law.*

Cecil M. James Harriman *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Cecil M. ames Harriman *Applicant*

P. O. Address St. Louis, Missouri

Sworn to before me and signed in my presence this 27 *day of* December *19* 41.

Clifton L. aryl, Notary Public, Union County, Ohio. (Seal)

(Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Fred Gabriel, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Fred Gabriel

P. O. Address 504 W. 5th St. Marysville Ohio

Sworn to before me and signed in my presence this 27 *day of* December *19* 41

John W. ailey, Probate Judge (Seal)

(Official Title)

The State of Ohio, Union **County, ss.**

I, Sylvester James, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Sylvester James

P. O. Address Ostrander R.D. #2, Ohio.

Sworn to before me and signed in my presence this 27 *day of* December *19* 41.

John W. ailey, Probate Judge (Seal)

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth
of ecil M. ames

December 27 *19* 41

Case No. a-63 ✓

ORDER FOR HEARING

This day Cecil M. James *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. ailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Cecil M. James

Probate Court, Union **County, Ohio**

December 27 *19*41

Case No. A-63

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Cecil M. James *for an order of The Court correcting* her *birth record, as it is registered in the office of* the court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 23 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover (City) Township (Village) (Township)

(d) Street No. _____

3. Full name of child James (Surname) ecil (First) M (Middle)

4. Date of birth Aug 29, 1903 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name James (Surname) Sylvester (First) Skidmore (Middle)

10. Color or race White 11. Age at time of this birth 26 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Anderson, (Surname) Emma (First) (Middle)

16. Color or race White 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Jay Pounds,

Address Ostrander, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the record be made to conform to the exact date of birth, to-wit, August 29, 1903, in lieu of September 23, 1903

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

(Seal)

JOURNAL ENTRY

BARRETT—656-D

Probate Court, _____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of _____

*19*____

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____ *for an order of The Court directing the registration of* _____ *birth.*

_____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name _____

Address _____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Scott Beeney

Case No. A-64

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Village of Richwood, Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Claibourne (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Claibourne (Township)

(d) Street No. ____

3. Full name of child Beeney (Surname) Scott (First) ____ (Middle)

4. Date of birth August 21, 1903 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Beeney (Surname) Ernest (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 19 yrs.

12. Birthplace Putman, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Slemmons, (Surname) Bessie (First) Eugenia (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

22. Attending Physician or Midwife:

Name T. F. Wutsbaugh

Address Richwood, Ohio

M. D., midwife, or other ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Scott Beeney *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Scott Beeney *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19*41.

Robert F. Allen

(Seal) Notary Public (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ernest Beeney, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ernest Beeney

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19*41.

Robert F. Allen

(Seal) Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Bessie Eugenia Beeney mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Bessie Eugenia Beeney

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19*41.

Robert F. Allen

(Seal) Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the Birth
of Scott Beeney

December 31 *19*41

Case No. A-64

ORDER FOR HEARING

This day Scott Beeney *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with,

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Scott Beeney

Probate Court, Union **County, Ohio**

December 31 *19* 41

Case No. A-64

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Scott Beeney

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of the parents of Scott Beeney; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Beeney Scott _____
Surname First Middle

4. Date of birth 8/21/1903
(Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Beeney Ernest _____
Surname First Middle

10. Color or race white 11. Age at time of this birth 19 yrs.

12. Birthplace Putman Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation Trucker

14. Industry or business Trucking

MOTHER OF CHILD

15. Full maiden name Slemmons Bessie Eugenia
Surname First Middle

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Union Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business "

22. Attending Physician or Midwife

Name Dr. T. F. Wurtzbaugh

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

21. Children born to this mother: 5

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? "

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O.

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court,_____County, Ohio

In the Matter of the Registration of Birth

of Grover L. Fisher

Case No. A-65

APPLICATION

Your applicant respectfully represents that_____was born in_____County, Ohio; that_____now resides in _____; and that the following are the available facts with relation to_____birth as of the date of delivery:

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____
Surname First Middle

4. Date of birth_____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business_____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?_____

(b) How many other children were born alive but were then dead?_____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of_____birth _____

Your applicant hereby makes application for an order of the Court, directing_____, as provided by law.

_____ *Applicant*

The State of Ohio,_____County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as_____verily believes.

_____ *Applicant*

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____
(Official Title)

AFFIDAVIT

Probate Court,_____County, Ohio

*In the Matter of*_____

of _____

The State of Ohio,_____County, ss.

I, _____, *do hereby certify that I was the physician in attendance at the birth of*_____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____*Attending Physician*

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____
(Official Title)

The State of Ohio,_____County, ss.

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____
(Official Title)

The State of Ohio,_____County, ss.

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____
(Official Title)

Probate Court,_____County, Ohio

*In the Matter of the*_____

of _____

_____*19____*

Case No. A-65 ✓

ORDER FOR HEARING

This day _____*appeared in open court and filed an application for the* _____.

*It is ordered that hearing on said application*_____

*It is further ordered by The Court that*_____*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page_____ _____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, _____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of _____

_____ *19*____

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____

for an order of The Court directing the registration of _____ *birth.*

_____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* _____

_____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22.Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, _____ County, Ohio

In the Matter of the Registration of Birth
of Gerald Burdette Graham

Case No. A-66

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Cleveland, Ohio *; and that the following are the available facts with relation to* _____ *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) _____ Richwood, Ohio _____
(City) (Village) (Township)
(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution _____ In this community 23 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood, Ohio
(City) (Village) (Township)
(d) Street No. _____

3. Full name of child Graham (Surname) Gerald (First) Burdette (Middle)
4. Date of birth May 24, 1903 (Month) (Day) (Year)
5. Sex: male
6. Twin or triplet: single If so—born 1st, 2d, or 3d _____
7. Number months of pregnancy: 9
8. Mother married? ywa

FATHER OF CHILD
9. Full name Graham, (Surname) Elmer (First) Ellsworth (Middle)
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Union Co. Claibourne Township, Ohio
(City, town, or county) (State or foreign country)
13. Usual occupation grocery clerk
14. Industry or business _____

MOTHER OF CHILD
15. Full maiden name Barnett, (Surname) Grace (First) Lucille (Middle)
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Richwood, Ohio
(City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. T. M. Wurtsbaugh
Address Richwood, Ohio
_____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded.
Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Gerald Burdette Graham *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Gerald Burdette Graham *Applicant*
P. O. Address 5910 Engel Ave., Cleveland, Ohio

Sworn to before me and signed in my presence this 29th *day of* December *19* 41.

Carrie W. Hornbeck
Deputy, Probate Court (Seal)
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**
I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*
P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**
I, Stella B. Marsh, a relative, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Stella B. Marsh
P. O. Address R.F.D. #2, Richwood, Ohio

Sworn to before me and signed in my presence this 29th *day of* December *19* 41.

Carrie W. Hornbeck
(Seal) Deputy, Probate Court
(Official Title)

The State of Ohio, Union **County, ss.**
I, Elmer E. Graham, father of Gerald Burdette Graham, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Elmer E. Graham
P. O. Address 178 Edwards Street, Marion, Ohio

Sworn to before me and signed in my presence this 29th *day of* December *19* 41

Carrie W. Hornbeck
(Seal) Deputy, Probate Court
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Gerald Burdette Graham

December 29 *19* 41

Case No. A-66

ORDER FOR HEARING

This day Gerald Burdette Graham *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed/Special Master/Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

December 29 1941

Case No. A-66

of Gerald Burdette Graham

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Gerald Burdette Graham

for an order of The Court directing the registration of his *birth.*

The Court _____, *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by the testimony of Stella R. Marsh and Elmer E. Graham, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 23 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, Ohio (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Graham (Surname) Gerand (First) Burdette (Middle)

4. Date of birth May 24, 1903 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Graham, Elmer Ellsworth (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union Co., Claibourne Twp. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation grocery clerk

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Barnett, Grace Lucille (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Richwood, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. T. M. Wurtsbaugh

Address Richwood, Ohio

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Curtis Ray Gibson

Case No. A-67

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Claibourne Township, Union County, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Gibson (Surname) Curtis (First) Ray (Middle)

4. Date of birth Feb. 27, 1896 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gibson (Surname) Isaac (First) Newton (Middle)

10. Color or race white 11. Age at time of this birth 37 yrs.

12. Birthplace Wayne County, Ohio, U. S. A.
(City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Jolliff (Surname) Sarah (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Union County, Ohio, U. S. A.
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth: three

(a) How many other children of this mother were living? three

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. B. P. Hall, deceased (now)

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded.

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Curtis Ray Gibson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Curtis Ray Gibson *Applicant*

P. O. Address Richwood, Ohio, R. F. D. #2

Sworn to before me and signed in my presence this 29 *day of* December *19* 41.

F. LeRoy Allen

(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Blanche Fawley, sister of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Blanche Fawley

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 29th *day of* December *19* 41.

Carrie W. Hornbeck

(Seal) Deputy, Probate Court
(Official Title)

The State of Ohio, Union **County, ss.**

I, Martha Cunningham, Aunt of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Martha Cunningham

P. O. Address Marysville, Ohio, R.F.D.

Sworn to before me and signed in my presence this 29th *day of* December *19* 41.

Carrie W. Hornbeck

(Seal) Deputy, Probate Court
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Curtis Ray Gibson

December 29 *19* 41

Case No. A-67

ORDER FOR HEARING

This day Curtis Ray Gibson *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with,

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Curtis Ray Gibson

Probate Court, Union **County, Ohio**

December 29 *19* 41

Case No. A-67

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Curtis Ray Gibson

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Blanche Fawley and Martha Cunningham, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Gibson Curtis Ray
Surname First Middle

4. Date of birth Feb. 27, 1896
(Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gibson Isaac Newton
Surname First Middle

10. Color or race white 11. Age at time of this birth 37 yrs.

12. Birthplace Wayne County, Ohio, U.S.A.
(City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Jolliff, Sarah Elizabeth
Surname First Middle

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Union County, Ohio, U.S.A.
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: three

(a) How many other children of this mother are now living? three

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. B. P. Hall (now deceased)

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John N. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Carl VanAtta Spangler

Case No. A 68

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Pittsburg, Pennsylvania; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood Village
(City) (Village) (Township)

(c) Name of hospital or institution:
N. Franklin St., Richwood, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 3 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood Village
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Spangler (Surname) Carl (First) Van Atta (Middle)

4. Date of birth Dec. 17, 1907 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Spangler, (Surname) Fred (First) Arthur (Middle)

10. Color or race white 11. Age at time of this birth 42 yrs.

12. Birthplace Fayette County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Drayman

14. Industry or business Transportation

MOTHER OF CHILD

15. Full maiden name Van Atta (Surname) Laura (First) (Middle)

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Perry County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. H. C. Duke
Address Richwood, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Carl Van Atta Spangler *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as verily believes.

Carl Van Atta Spangler *Applicant*

P. O. Address 732 Kewanna Ave., Pittsburg, Pa.

Sworn to before me and signed in my presence this 29th *day of* December *19* 41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of the Registration of Birth
of Carl Van Atta Spangler

The State of Ohio, Union **County, ss.**

I, H. C. Duke, M.D., *do hereby certify that I was the physician in attendance at the birth of* Carl Van Atta Spangler, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

H. C. Duke, M.D. *Attending Physician*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 29th *day of* December *19* 41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, F. A. McAllister, not related to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

F. A. McAllister

P. O. Address Dalton

Sworn to before me and signed in my presence this 29th *day of* December *19* 41.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

____

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

____

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Carl Van Atta Spangler

December 29 *19* 41

Case No. A-68

ORDER FOR HEARING

This day Carl Van Atta Spangler *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

December 29 *19*41

Case No. A-68

of Carl Van Atta Spangler

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Carl Van Atta Spangler

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavit of the physician in attendence and the testimony of F. A. McAllister, a credible witness; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood Village (City) (Village) (Township)

(c) Name of hospital or institution:

N. Franklin St., Richwood, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood Village (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Spangler (Surname) Carl (First) Van Atta (Middle)

4. Date of birth Dec. 14, 1907 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Spangler, Fred Arthur (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 42 yrs.

12. Birthplace Fayette County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Drayman

14. Industry or business Transportation

MOTHER OF CHILD

15. Full maiden name Venatta Laura (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Perry County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. H. C. Duke

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* John Wilbur Curry

Case No. A-69

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Union Co. Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Claibourne (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Claibourne (Township)

(d) Street No. ____

3. Full name of child Curry (Surname) John (First) Wilbur (Middle)

4. Date of birth January 21, 1913 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Curry (Surname) Ruben (First) Ernest (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Sloop (Surname) Flora (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Delaware, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 4

(b) How many other children were born alive but were then dead? 2

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. B. F. Hall

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

John Wilbur Curry *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

John Wilbur Curry *Applicant*

P. O. Address Richwood, Ohio, R.D. #3

Sworn to before me and signed in my presence this 30th *day of* December *19*41.

Robert F. Allen

(Seal) Notary Public (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Clay Stiggers, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clay Stiggers

P. O. Address Richwood, Ohio, R.F.D.

Sworn to before me and signed in my presence this 30th *day of* December *19*41.

Undine Dailey

(Seal) Probate Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Addie Stiggers, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Addie Stiggers

P. O. Address Richwood, Ohio, R.F.D.

Sworn to before me and signed in my presence this 30th *day of* December *19*41.

Undine Dailey

(Seal) Probate Deputy (Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth *of* John Wilbur Curry

January 3 *19*42

Case No. A-69

ORDER FOR HEARING

This day John Wilbur Curry *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with,

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of John Wilbur Curry

Probate Court, Union **County, Ohio**

January 3 *1942*

Case No. A-69

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Wilbur Curry

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Clay Stiggers and Addie Stiggers credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) _____ (City) Claibourne (Village) (Township)

(c) Name of hospital or institution:

At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) _____ (City) Claibourne (Village) (Township)

(d) Street No. _____

3. Full name of child Curry (Surname) John (First) Wilbur (Middle)

4. Date of birth January 21,1913 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? ywa

FATHER OF CHILD

9. Full name Curry (Surname) Ruben (First) Ernest (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Sloop (Surname) Flora (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. B. F. Hall

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Harry Elbert Millington

Case No. A-70

APPLICATION

Your applicant respectfully represents that ____ *was born in* ____ *County, Ohio; that* ____ *now resides in* ____; *and that the following are the available facts with relation to* ____ *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Dover (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Dover (Township)

(d) Street No. ____

3. Full name of child Millington (Surname) Harry (First) Elbert (Middle)

4. Date of birth Oct. 20, 1886 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Millington (Surname) Austin (First) Ernest (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Union County, Ohio, (City, town, or county) U.S.A. (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Hutchinson (Surname) Elida (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Licking County, Ohio, (City, town, or county) U.S.A. (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth: two

(a) How many other children of this mother were living? two

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. F. A. Vigor (now deceased)

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Harry Elbert Millington *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Harry Elbert Millington *Applicant*

P. O. Address 17 Linn St., Richwood, Ohio

Sworn to before me and signed in my presence this 31 *day of* December *19* 41.

F. LeRoy Allen

(Seal) Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Myrtle Crist, second cousin of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Myrtle Crist

P. O. Address Marysville, Ohio R.F.D.

Sworn to before me and signed in my presence this 31 *day of* December *19* 41.

Carrie W. Hornbeck

(Seal) Deputy, Probate Court (Official Title)

The State of Ohio, Union **County, ss.**

I, Richard J. Cody, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Richard F. Cody

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31 *day of* December *19* 41.

Carrie W. Hornbeck

(Seal) Deputy, Probate Court (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Harry Elbert Millington

Case No. A-70 ✓

*19*____

ORDER FOR HEARING

This day Harry Elbert Millington *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with,

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Harry Elbert Millington

Probate Court, Union **County, Ohio**

December 31 *19* 41

Case No. A-70

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harry Elbert Millington

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Myrtle Crist and Richard J. Cody, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Millington, Harry Elbert (Surname) (First) (Middle)

4. Date of birth Oct. 20, 1886 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Millington, Austin Ernest (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Union County, Ohio, U.S.A. (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Hutchinson Elida (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Licking County, Ohio, U.S.A. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: two

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. F. A. Vigor (now deceased)

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth

of Dollie Beeney

Case No. A-671

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood, Ohio (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 20 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, Ohio (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth 3-22-1905 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Beeney, (Surname) Ernest (First) (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Logan County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation truck driver

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Slemmons, (Surname) Bessie (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Richwood, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. T. M. Wurtsbaugh

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol.3,p.26 of the Birth Records of Union County,Ohio. Records read "Infant Beeny,born March 22, 1905" and should read "Dollie Beeney,born March 22,1905".

Your applicant hereby makes application for an order of the Court, directing corr. of her birth record *, as provided by law.*

Dollie Beeney *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Dollie Beeney *Applicant*

P. O. Address 109 S.Clinton St.,Richwood, Ohio

Sworn to before me and signed in my presence this 31st *day of* December *19* 41.

John W. Dailey

(Seal) Probate Judge (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Bessie Beeney, mother of Dollie Beeney, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Bessie Beeney

P. O. Address R.F.D.#3, Richwood, Ohio

Sworn to before me and signed in my presence this 31st *day of* December *19* 41.

John W. Dailey

(Seal) Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Ernest Beeney, father of Dollie Beeney, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ernest Beeney

P. O. Address R.F.D.#3, Richwood, Ohio

Sworn to before me and signed in my presence this 31st *day of* December *19* 41.

John W. Dailey

(Seal) Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record

of Dollie Beeney

December 31 1941

Case No. A-71

ORDER FOR HEARING

This day Dollie Beeney *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Dollie Beeney

Probate Court, Union County, Ohio

December 31 1941

Case No. A-71

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Dollie Beeney *for an order of The Court correcting* her *birth record, as it is registered in the office of* Union County Probate Court. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Bessie Beeney and Ernest Beeney, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood, Ohio (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, Ohio (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Beeney (Surname) Dollie (First) ____ (Middle)

4. Date of birth 3-22-1905 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? ues

FATHER OF CHILD

9. Full name: Beeney (Surname) Ernest (First) ____ (Middle)

10. Color or race: white 11. Age at time of this birth: 21 yrs.

12. Birthplace: Logan County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: truck driver

14. Industry or business: ____

MOTHER OF CHILD

15. Full maiden name: Slemmons (Surname) Bessie (First) ____ (Middle)

16. Color or race: white 17. Age at time of this birth: 20 yrs.

18. Birthplace: Richwood, Ohio (City, town, or county) ____ (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name: Dr. T. F. Wurtsbaugh

Address: Richwood, Ohio

M. D., midwife, or other: ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that it should be corrected to read "Dollie Beeney, born March 22, 1905" instead of "Infant Beeney, born March 22, 1905".

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ *19*____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of birth

of Gerald Gray

Case No. A-72

APPLICATION

Your applicant respectfully represents that he *was born in* Wood *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Wood County

(b) Milbury (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 3 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Wood

(c) Milbury (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Gray (Surname) Gerald (First) Roscoe (Middle)

4. Date of birth 1/20/1904 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gray (Surname) Robert (First) Riley (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Marion County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Core (Surname) Emma (First) Lucretia (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Little Sandusky, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? ____

(b) How many other children were born alive but were then dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife:

Name Dr. Diebert

Address Milbury, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* was incorrectly recorded at Wood County.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth, *as provided by law.*

Gerald Roscoe Gray *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Gerald Roscoe Gray *Applicant*

P. O. Address 527 W. 5th St. Marysville, Ohio

Sworn to before me and signed in my presence this 30th *day of* December *19* 41.

Gwynn Sanders

Notary Public

(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Delaware **County, ss.**

I, Emma Lucretia Core Gray, mother of Gerald Gray, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address Radnor, Ohio

Sworn to before me and signed in my presence this 30th *day of* December *19* 41.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Robert Riley Gray, father of Gerald Gray, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address Radnor, Ohio

Sworn to before me and signed in my presence this 30th *day of* December *19* 41.

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of the birth

of Gerald Roscoe Gray

December 30th *19* 41

Case No. A-72

ORDER FOR HEARING

This day Gerald Roscoe Gray *appeared in open court and filed an application for the* correction of his birth record. It is ordered that Gwynn Sanders be appointed Master Commissioner to take the testimony of the witnesses, and that notice of the hearing be dispensed with and this matter is continued.

It is ordered that hearing on said application ____

It is further ordered by The Court that Gwynn Sanders *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Gerald Roscoe Gray

Probate Court, Union **County, Ohio**

December 30 19 41

Case No. A-72

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Gerald Roscoe Gray *for an order of The Court correcting* his *birth record, as it is registered in the office of* Wood County, The Court & Special Master Commissioner *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Emma Lucretia Core Gray and Robert Riley Gray, persons having knowledge of the facts *; that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Wood

(b) Milbury (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 3 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Wood

(c) Milbury, Ohio (City) (Village) (Township)

(d) Street No.

3. Full name of child Gray (Surname) Gerald (First) Roscoe (Middle)

4. Date of birth 1/20/1904 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gray (Surname) Robert (First) Riley (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Marion County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Core (Surname) Emma (First) Lucretia (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Little Sandusky, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name Dr. Diebert

Address Milbury, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

Gerald Roscoe Gray, male child born on the 20th day of January, 1904, instead of-------Gray a male child born on the 20th day of January, 1904, recorded in Vol. 4 page 93 of the records of birth of Wood County, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

December 30th 19 41

Case No. A-72

of Gerald Roscoe Gray

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Gerald Roscoe Gray *for an order of The Court directing the registration of* his *birth.*

The Court & Special Master Commissioner, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavits of Emma L. C. Gray and Robert R. Gray persons having knowledge of the facts *; that notice of the hearing on said application has been* dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Wood

(b) Milbury (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 3yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Wood

(c) Milbury (City) (Village) (Township)

(d) Street No.

3. Full name of child Gray (Surname) Gerald (First) Roscoe (Middle)

4. Date of birth 1/20/1904 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gray (Surname) Robert (First) Riley (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Marion County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Core, Emma Lucretia (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 29 yrs.

18. Birthplace Little Sandusky, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife

Name Dr. Diebert

Address Milbury, Ohio

M. D., midwife, or other ____ Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY *Probate Judge.*

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Earnest Henry Peter Daum

Case No. A-73

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* my *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township
(City) (Village) (Township)

(c) Name of hospital or institution: None
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Earnest Henry Peter Daum
Surname First Middle

4. Date of birth 3/23/1890
(Month) (Day) (Year)

5. Sex: male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Daum (Surname) George (First) Peter (Middle)

10. Color or race American 11. Age at time of this birth 41 yrs.

12. Birthplace Paris Township, (City, town, or county) Union County (State or foreign country)

13. Usual occupation Laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Streng, (Surname) Magaret (First) Ann (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Paris Township, (City, town, or county) Union County (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Housewife

21. Children born to this mother before this birth: eight

(a) How many other children of this mother were living? eight

(b) How many other children were born alive but were then dead? eight

(c) How many children were born dead? one

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. Trell Henderson, (now dec.)
Address Marysville, Ohio
_____
M. D., midwife, or other _____

Your applicant further represents that the registration of his *birth* is not recorded.

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

In regard to question 21-A.B.C. there were eight children born before this applicant, and four after my birth, being thirteen children in all.

Earnest Henry Peter Daum *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Earnest Henry Peter Daum *Applicant*

P. O. Address 835 S. Front St., Columbus, Ohio

Sworn to before me and signed in my presence this 2nd *day of* January *19*42.

William J. Porter

(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of the registration of birth
of Earnest Henry Peter Daum

The State of Ohio, Union **County, ss.**

I, Margueritte Daum, _____, *do hereby certify that I* ~~was the physician in attendance at the birth of~~ *am the mother of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Margarethe Daum *Attending Physician*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* January *19*42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ella Chandler, being no relation to applicant _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Ella Chandler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* January *19*42.

William J. Porter

(Seal) Notary Public, Union County, Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, George P. Daum, father of the applicant herein _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

George P. Daum

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* January *19*42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Earnest Henry Peter Daum

January 2 *19*42

Case No. A-73

ORDER FOR HEARING

This day Earnest Henry Peter Daum *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with,

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

State of OHIO ss

County of UNION

AFFIDAVIT

Registrar's No. _____

File No. 14472

INFORMATION AS IT APPEARS ON ORIGINAL CERTIFICATE OF BIRTH

Name as recorded EARNEST HENRY PETER DAum

Date of birth MARCH 23 1890 Place of birth PARIS TOWNSHIP (City or Village) UNION (County)

Father's name GEORGE PETER DAUM Mother's maiden name MARGARET ANN STRENG

ITEMS TO BE CORRECTED OR ADDED

Item 4 Reads as MARCH 23, 1890 Should read MAY 11, 1922

Item 17 Reads as 33 YEARS Should read 34 YEARS

Item _____ Reads as _____ Should read _____

Item _____ Reads as _____ Should read _____

PERSON SWEARING TO THE ABOVE FACTS

I, Gerhard William Daum (Name) born March 3, 1910 (Date of Birth)

and residing at 504 Linden Street, Bellefontaine, Ohio 43311 (Address), being first duly sworn,

say that I am the brother (Relationship) of Earnest Henry Peter Daum (Correct spelling of name)

and I have personal knowledge that the foregoing facts are true and correct.

Signature Gerhard William Daum (Name of person executing affidavit) June 27, 1977 (Date signed)

Signature of NOTARY PUBLIC Charlotte Dille Charlotte Dille Notary Public Logan County, Ohio My commission expires My Commission Expires November 7, 1977

OHIO DEPARTMENT OF HEALTH — DETACH — DIVISION OF VITAL STATISTICS

INSTRUCTIONS

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

Address

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union County, Ohio

January 2 19 42

Case No. A-73

FINDING AND ORDER — REGISTRATION OF BIRTH

In the Matter of the REGISTRATION OF BIRTH

of Earnest Henry Peter Daum

This day this cause came on to be heard on the application of Earnest Henry Peter Daum *for an order of The Court directing the registration of* his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* a neighbor at the time of birth of applicant, the physician being dead, and the mother of the applicant, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township, Union County (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Daum (Surname), Earnest (First) Henry Peter (Middle)

4. Date of birth 3/23/1890 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Daum (Surname) George (First) P. (Middle)

10. Color or race American 11. Age at time of this birth 41 yrs.

12. Birthplace Paris Township, Union County. (City, town, or county) (State or foreign country)

13. Usual occupation Laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Streng (Surname), Margaret (First) Ann (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Paris Township, Union County (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Housewife

21. Children born to this mother: 13

(a) How many other children of this mother are now living? 10

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? one

22. Attending Physician or Midwife

Name Dr. Trell Henderson (now dec.)

Address Marysville, Ohio

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Doyle Leonard Kaufmann

Case No. A-74

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Lime City, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Union Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township (City) (Village) (Township)
(d) Street No.

3. Full name of child Kaufman (Surname) Doyle (First) Leonard (Middle)
4. Date of birth April 7, 1913 (Month) (Day) (Year)
5. Sex: male
6. Twin or triplet: no — If so—born 1st, 2d, or 3d
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Kaufman (Surname) Gust (First) (Middle)
10. Color or race white — 11. Age at time of this birth 25 yrs.
12. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation baker
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Cummings, (Surname) Mary (First) Jane (Middle)
16. Color or race white — 17. Age at time of this birth 26 yrs.
18. Birthplace Huntington, (City, town, or county) Indiana (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Wills
Address Milford Center, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded.
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Doyle Leonard Kaufman *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Doyle Leonard Kaufman *Applicant*
P. O. Address Lime City, Ohio
Sworn to before me and signed in my presence this 2 *day of* January *19*42.
Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**
In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**
I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*
Attending Physician
P. O. Address ____
Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.
(Official Title)

The State of Ohio, Union **County, ss.**
I, Gust Kaufman, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*
Gust Kaufman
P. O. Address Milford Center, Ohio
Sworn to before me and signed in my presence this 2nd *day of* January *19*42.
Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**
I, Mary Kaufman, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*
Mary Kaufman
P. O. Address Milford Center, Ohio
Sworn to before me and signed in my presence this 2nd *day of* January *19*42.
Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio (Official Title)

Probate Court, Union **County, Ohio**
In the Matter of the Registration of Birth
of Doyle Leonard Kaufman

January 2 *19*42
Case No. A-74
ORDER FOR HEARING

This day Doyle Leonard Kaufman *appeared in open court and filed an application for the* registration of his birth.
It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.
It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*
NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

January 2 *19* 42

Case No. A-74

of Doyle Leonard Kaufman

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Doyle Leonard Kaufman

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Gust Kaufman and Mary Kaufman, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Union Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Union Township, Milford Center, Ohio (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Kaufman (Surname) Doyle (First) Leonard (Middle)

4. Date of birth April 7, 1913 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Kaufman (Surname) Gust (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Franklin County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation baker

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Cummings, (Surname) Mary (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Huntington, Indiana (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Wills

Address Milford Center, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Lemuel Ray Gibson

Case No. A-75

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Ohio, Union County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington
(City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community x
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Gibson (Surname) Lemuel (First) Ray (Middle)

4. Date of birth January 1, 1904 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: none

8. Mother married? yes

FATHER OF CHILD

9. Full name Gibson (Surname) Henry (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Robinson, (Surname) Ettie (First) Eve (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? ____
(b) How many other children were born alive but were then dead? ____
(c) How many children were born dead? ____

22. Attending Physician or Midwife:
Name Dr. George Miller
Address Byhalia, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded.

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Lemuel Ray Gibson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Lemuel Ray Gibson *Applicant*

P. O. Address 225 W. Bomford St. Richwood, Ohio

Sworn to before me and signed in my presence this 2nd *day of* January *19*41.

F. LeRoy Allen

(Seal) Notary Public, Union County, Ohio
(Official Title) My Commission expires February 6, 1942

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ettie Eve Gibson, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ettie E. Gibson

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 2nd *day of* January *19*42.

F. LeRoy Allen

(Seal) Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lew Turner, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lewis E. Turner

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* January *19*42.

F. LeRoy Allen

(Seal) Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Lemuel Ray Gibson

January 2 1942

Case No. A-75 ✓

ORDER FOR HEARING

This day Lemuel Ray Gibson *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensedwith.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lemuel Ray Gibson

Probate Court, Union **County, Ohio**

January 2 *1942*

Case No. A-75

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lemuel Ray Gibson

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Ettie Eve Gibson and Luke Turner, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington (City) (Village) (Township)

(c) Name of hospital or institution:

at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community X (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Gibson (Surname) Lemuel (First) Ray (Middle)

4. Date of birth January 1, 1904 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gibson (Surname) Henry (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Robinson (Surname) Ettie (First) Eve (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 3

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. George Miller

Address Byhalia, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth
of Buell Vinton McCombs

Case No. A-76

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marion, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Magnetic Springs (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Magnetic Springs, Ohio

(b) County Union

(c) Magnetic Springs (City) (Village) (Township)

(d) Street No. ____

3. Full name of child McCombs (Surname) Buell (First) Vinton (Middle)

4. Date of birth March 27, 1892 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McCombs, (Surname) Charles (First) (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Union County, Ohio (City, town, or county) U.S.A. (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Sutton, (Surname) Ida (First) May (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Muskingum County, Ohio, (City, town, or county) U.S.A. (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth: two

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? one

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name unknown

Address ____

M. D., midwife, or other ____

Your applicant further represents that the registration of his *birth* is not recorded.

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Buell Vinton McCombs *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Buell Vinton McCombs *Applicant*

P. O. Address 710 Uncapher Avenue, Marion, Ohio

Sworn to before me and signed in my presence this 2 *day of* January *19*42.

F. LeRoy Allen

(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, P. H. Perry, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P.H. Perry

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 2nd *day of* January *19*42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

The State of Ohio, Union **County, ss.**

I, LaVerne Jones, Aunt of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

LaVerne Jones

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 2nd *day of* January *19*42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Buell Vinton McCombs

January 2 *19*42

Case No. A-76

ORDER FOR HEARING

This day Buell Vinton McCombs *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Buell Vinton McCombs

Probate Court, Union **County, Ohio**

January 2 *19* 42

Case No. A-76

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Buell Vinton McCombs

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of P. H. Perry and LaVerne Jones, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Magnetic Springs (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Magnetic Springs (City) (Village) (Township)

(d) Street No. _____

3. Full name of child McCombs (Surname) Buell (First) Vinton (Middle)

4. Date of birth March 27, 1892 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McCombs (Surname) Charles (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Union County, Ohio, U.S.A. (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Sutton (Surname) Ida (First) May (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Muskingum County, Ohio, U.S.A. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: two

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name unknown

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Percy Richmond Noggle

Case No. A-77

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marion, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson Township (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Noggle (Surname) Percy (First) Richmond (Middle)

4. Date of birth 1-19-1884 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Noggle (Surname) John (First) F. (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Fairfield County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation laborer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Dixon, (Surname) Lucy (First) F. (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Jackson Twp, Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Williams

Address Essex, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 2, page 66 of the Birth Records of Union County, Ohio, in that the records read, "Percilla R. Noggle, female, born Jan. 19, 1884" and should read "Percy Richmond Noggle, male, born January 19, 1884."

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Percy Richmond Noggle *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Percy Richmond Noggle *Applicant*

P. O. Address 632 David St., Marion, Ohio

Sworn to before me and signed in my presence this 3rd *day of* January *19* 42

John W. Dailey

Probate Judge (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, A. D. Parish, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

A. D. Parish

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 3rd *day of* January *19*42.

Undine Dailey

(Seal) Probate Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Joseph Robinson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. S. Robertson

P. O. Address R.F.D. #1, Richwood, Ohio

Sworn to before me and signed in my presence this 3rd *day of* January *19*42.

Undine Dailey

Probate Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record

of Percy Richmond Noggle

January 3 *19*42

Case No. A-77

ORDER FOR HEARING

This day Percy Richmond Noggle *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice if said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Percy Richmond Noggle

Probate Court, Union **County, Ohio**

January 3 1942

Case No. A-77

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Percy Richmond Noggle *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County Probate Court. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of A. D. Parish and Joseph Robinson, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson Township (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 25 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Noggle (Surname) Percy (First) Richmond (Middle)

4. Date of birth 1-19-1884 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Noggle, (Surname) John (First) F. (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Fairfield County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Dixon, (Surname) Lucy (First) F. (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Jackson Twp, (City, town, or county) Union County, (State or foreign country) Ohio

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Williams

Address Essex, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Corrected to read "Percy Richmond Noggle, male, born January 19, 1884," instead of "Percilla R. Noggle, female, born January 19, 1884."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

*19*____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Otice Freeman Furrow

Case No. A-78

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Niagara Falls, N.Y. *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Plain City, Jerome Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township
(City) (Village) (Township)

(d) Street No.

3. Full name of child Furrow (Surname) Otice (First) Freeman (Middle)

4. Date of birth May 26, 1896 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Furrow (Surname) John (First) William (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Bosart (Surname) Laura (First) Belle (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Gardner

Address Plain City, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Otice Freeman Furrow *Applicant*

P. O. Address 218 Linwood Avenue, Niagara Falls, N.Y.

Sworn to before me and signed in my presence this 5th *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy, Probate Court
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Laura Belle Stewart (Bosart), mother of Otice Furrow, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Laura Belle Bosart Stewart

P. O. Address 809 Bellefontaine Ave., Marion, Ohio

Sworn to before me and signed in my presence this 5th *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Office
(Official Title)

The State of Ohio, Union **County, ss.**

I, Louie Edith Noggle, aunt of Otice Furrow, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Louie Edith Noggle

P. O. Address 832 David Street, Marion, Ohio

Sworn to before me and signed in my presence this 5th *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Office
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Otice Freeman Furrow

January 5 *19* 42

Case No. A-78

ORDER FOR HEARING

This day Otice Freeman Furrow *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensedwith.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

January 5 19 42

Case No. A-78

of Otice Freeman Furrow

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Otice Freeman Furrow

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Laura Belle Stewart and Louie Edith Noggle, credible witnesses; *that notice of the hearing on said application has been* dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome Township (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Furrow (Surname) Otice (First) Freeman (Middle)

4. Date of birth May 26, 1896 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Furrow (Surname) John (First) William (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Logan County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Bosart (Surname) Laura (First) Belle (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Gardner

Address Plain City, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Lorenzo JohnM, attison

Case No. A-79

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Mt. Victory, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Washington
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Washington
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Mattison (Surname) Lorenzo (First) John (Middle)

4. Date of birth 9/16/1908 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mattison (Surname) Henry (First) K (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Schertzer (Surname) Lula (First) ——— (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth: 0
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. George Miller
Address Byhalia, Ohio
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Lorenzo John Mattison *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Lorenzo John Mattison *Applicant*

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 31st *day of* January *19* 42.

C. A. Hoopes

Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ——— **County, Ohio**

In the Matter of the registration of the birth
of Lorenzo John Mattison

The State of Ohio, Union **County, ss.**

I, Henry K. Mattison *, do hereby certify that I was the physician in attendance at the birth of* ——— *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19* ——.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Henry K. Mattison *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Henry K. Mattison

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 31st *day of* January *19* 42.

C. A. Hoopes

Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lula Mattison *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lula Mattison

P. O. Address Mt Victory, Ohio

Sworn to before me and signed in my presence this 31st *day of* January *19* 42.

C. A. Hoopes

Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

January 31st *19* 42

In the Matter of the registration of the birth
of Lorenzo John Mattison

Case No. A-79 ✓

ORDER FOR HEARING

This day Lorenzo John Mattison *appeared in open court and filed an application for the* registration of his birth .

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____ *for an order of The Court correcting* _____ *birth record, as it is registered in the office of* _____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lorenzo John Mattison

Probate Court, Union **County, Ohio**

January 31st *19* 42

Case No. A-79

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lorenzo John Mattison *for an order of The Court directing the registration of* his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Henry K. Mattison and Lula Mattison two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) _____ (City) Washington (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) _____ (City) Washington (Village) (Township)

(d) Street No. _____

3. Full name of child Mattison (Surname) Lorenzo (First) John (Middle)

4. Date of birth 9/16/1908 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mattison Henry K. (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Schertzer, Lula (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 0

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. George Miller

Address Byhalia, Ohio

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

(SEAL)

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Clarence Willard Hopkins

Case No. A-80

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Pontiac, Michigan *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Pharisburg (City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Pharisburg (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Hopkins, (Surname) Clarence (First) Willard (Middle)

4. Date of birth May 4, 1905 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hopkins, (Surname) John (First) Winget (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Marion County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Ulery (Surname) Cora (First) Belle (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Marion County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Bonner
Address Pharisburg, Ohio
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Clarence Willard Hopkins *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Clarence Willard Hopkins *Applicant*

P. O. Address 809 Monticello, Pontiac, Michigan

Sworn to before me and signed in my presence this 6th *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, Cora Belle Hopkins, mother of Clarence Willard Hopkins *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Cora Belle Hopkins

P. O. Address Wheeler, Michigan

Sworn to before me and signed in my presence this 6th *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mabel Graham, cousin by marriage, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mabel Graham

P. O. Address 139 East Blagrove, Richwood, Ohio

Sworn to before me and signed in my presence this 6th *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Clarence Willard Hopkins

January 6 *19* 42

Case No. A-80

ORDER FOR HEARING

This day Clarence Willard Hopkins *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

January 6 *19* 42

Case No. A-80

of Clarence Willard Hopkins

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Clarence Willard Hopkins

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Cora Belle Hopkins and Mabel Graham, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Pharisburg (City) (Village) (Township)

(c) Name of hospital or institution:

home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Pharisburg (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Hopkins (Surname) Clarence (First) Willard (Middle)

4. Date of birth May 4, 1905 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hopkins (Surname) John (First) Winget (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Marion County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Ulery (Surname) Cora (First) Belle (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Marion County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Bonner

Address Pharisburg, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Frederick August Vock

Case No. A-81

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Detroit, Michigan *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Village of Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

558 E. 6th Street

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution nil In this community

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Michigan

(b) County Wayne

(c) Detroit (City) (Village) (Township)

(d) Street No. 1521 Calvary

3. Full name of child Vock (Surname) Frederick (First) August (Middle)

4. Date of birth April 4, 1897 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Vock, (Surname) Henry (First) (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Ontario, (City, town, or county) Canada (State or foreign country)

13. Usual occupation cabinet maker

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Rode, (Surname) Wilhelmenia (First) (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Ontario, (City, town, or county) Canada (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Trell Henderson

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded, does not appear of record in the Probate Court of this County.

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Frederick August Vock *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as verily believes.

Frederick August Vock *Applicant*

P. O. Address 6783 Penrod, Detroit, Michigan

Sworn to before me and signed in my presence this 6th *day of* January *19* 42

William L. Coleman

(Seal) Notary Public, Union Co. Ohio (Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of

of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Jack Morris *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

E. J. Morris

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* January *19* 42.

Undine Dailey

(Seal) Probate Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, John Schoenleb *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Schoenleb

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* January *19* 42.

Undine Dailey

(Seal) Probate Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth

of Frederick August Vock

January 6 *19* 42

Case No. A-81

ORDER FOR HEARING

This day Frederick August Vock *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Frederick August Vock

Probate Court, Union **County, Ohio**

January 6 *19*42

Case No. A-81

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Frederick August Vock

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Jack Morris and John Schoenleb,

_____; *that notice of the hearing on said application has been* dispensed with _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Village of Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

558 E. 6th Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution nil In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Michigan

(b) County Wayne

(c) Detroit (City) (Village) (Township)

(d) Street No. 1521 Calvary

3. Full name of child Vock (Surname) Frederick (First) August (Middle)

4. Date of birth April 4, 1897 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Vock (Surname) Henry (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Ontario (City, town, or county) Canad (State or foreign country)

13. Usual occupation cabinet maker

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Rode, (Surname) Wilhelmenia (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Ontario (City, town, or county) Canada (State or foreign country)

19. Usual occupation housewife

20. Industry or business "

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Trell Henderson

Address Marysville, Ohio

_____

M. D., midwife, or other nil Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Roy Albert Bice

Case No. A-82

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Plain City, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Millcreek Township (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 1 yr.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Millcreek Township (Township)

(d) Street No. ____

3. Full name of child Bice (Surname) Roy (First) Albert (Middle)

4. Date of birth March 10, 1903 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bice, (Surname) Eugene (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Licking County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Beard, (Surname) Edna (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. William Vigor

Address New California, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, p. 24 of the birth records of Union County, Ohio. Applicant's last name being incorrectly spelled as "Byce" and should be corrected to "Bice."

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Roy Albert Bice *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Roy Albert Bice *Applicant*

P. O. Address Box 5, Plain City, Ohio

Sworn to before me and signed in my presence this 6th *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Edna Bice, mother of Roy Bice, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edna Bice

P. O. Address R.F.D.#3, Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court (Official Title)

The State of Ohio, Union **County, ss.**

I, Eugene Bice, father of Roy Bice, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Eugene Bice

P. O. Address R.F.D.#3, Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* January *19* 42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record

of Roy Albert Bice

January 6 *19* 42

Case No. A-82

ORDER FOR HEARING

This day Roy Albert Bice *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Roy Albert Bice

Probate Court, Union County, Ohio

January 6 1942

Case No. A-82

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Roy Albert Bice *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Edna Bice and Eugene Bice, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Township (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Bice, (Surname) Roy (First) Albert (Middle)

4. Date of birth March 10, 1903 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bice, (Surname) Eugene (First) (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Licking County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Beard, (Surname) Edna (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. William Vigor

Address New California, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's name be corrected to read "Roy Albert Bice" instead of "Roy Albert Byce."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record *of* John Gray

Case No. A-83

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Delaware Co. Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Mill Creek Twp. (City) (Village) (Township)

(c) Name of hospital or institution: At residence (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Mill Creek Twp. (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Gray (Surname) John (First) ____ (Middle)

4. Date of birth 9-10-1885 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gray (Surname) James (First) M. (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Baughman, (Surname) Barbara (First) J. (Middle)

16. Color or race white 17. Age at time of this birth 40 yrs.

18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 7

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Abbie Graham

Address Union Co. Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been accurately recorded in Vol. 2, p. 88, No. 235 of the Birth Records of Union County.

Your applicant hereby makes application for an order of the Court, directing correction of his birth/record*, as provided by law.*

John Gray *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

John Gray *Applicant*

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 12 *day of* January *19*42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____ *of* ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Julia Hoy, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Julia Hoy

P. O. Address Marysville, Ohio R. 3

Sworn to before me and signed in my presence this 12 *day of* January *19*42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court (Official Title)

The State of Ohio, Union **County, ss.**

I, L. A. Tossey, known applicant all his life, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

L. A. Tossey

P. O. Address ____

Sworn to before me and signed in my presence this 12th *day of* January *19*42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record *of* John Gray

January 12 *19*42

Case No. A-83

ORDER FOR HEARING

This day John Gray *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of John Gray

Probate Court, Union County, Ohio

January 12 1942

Case No. A-83

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of John Gray *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Mill Creek Twp. (City) (Village) (Township)

(c) Name of hospital or institution: at residence (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Mill Creek Twp. (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Gray (Surname) John (First) ____ (Middle)

4. Date of birth 9-10-1885 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gray (Surname) James (First) M. (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Union County. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Baughman, (Surname) Barbara (First) J. (Middle)

16. Color or race white 17. Age at time of this birth 40 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 7

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Abbie Graham

Address Union County, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: First name of applicant is John; mother's name was Baughman, not Bagilman; residence of parents was Mill Creek Township, Union County, Ohio, not Liberty Township.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

*19*____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) ____ (First) ____ (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of James Blaine Burkepile

Case No. A-84

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Magnetic Springs, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg Township
(City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 49 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg Township
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Burkepile (Surname) James (First) Blaine (Middle)

4. Date of birth May 22, 1893 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Burkepile (Surname) Jerry (First) ____ (Middle)

10. Color or race: white 11. Age at time of this birth: 51 yrs.

12. Birthplace: ____ (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation: stone mason

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Nudenmaker, (Surname) Caroline (First) ____ (Middle)

16. Color or race: white 17. Age at time of this birth: 49 yrs.

18. Birthplace: ____ (City, town, or county) Pennsylvania (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 6

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Jane Hildreth (midwife)

Address Pharisburg, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

James Blaine Burkepile *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

James Blaine Burkepile *Applicant*

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 9th *day of* January *19* 42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles Welch, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles Welch

P. O. Address RFD #1, Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* January *19* 42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Hugh Hildreth, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

W. H. Hildreth

P. O. Address RFD #1, Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* January *19* 42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of James Blaine Burkepile

January 9 *19* 42

Case No. A-84

ORDER FOR HEARING

This day James Blaine Burkepile *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of James Blaine Burkepile

Probate Court, Union **County, Ohio**

January 9 *19* 42

Case No. A-84

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Blaine Burkepile

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Charles Welch and Hugh Hildreth, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg Township (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 40 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Burkepile (Surname) James (First) Blaine (Middle)

4. Date of birth May 22, 1893 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Burkepile (Surname) Jerry (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 51 yrs.

12. Birthplace _____ (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation stone mason

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Nudenmaker, Caroline (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 49 yrs.

18. Birthplace _____ (City, town, or county) Pennsylvania (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 6

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Jane Hildreth (midwife)

Address Pharisburg, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Lewis Harry Gilcrest

Case No. A-85

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Detroit, Michigan *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, Ohio
(City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 2 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville
(City) (Village) (Township)

(d) Street No. West Fifth Street

3. Full name of child Gilcrest (Surname) Lewis (First) Harry (Middle)

4. Date of birth Oct. 14, 1907 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gilcrest (Surname) Samuel (First) S. (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation accountant

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Lewis (Surname) Etta (First) Alice (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Oil City (City, town, or county) Pennsylvania (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Swisher
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Lewis Harry Gilcrest *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Lewis Harry Gilcrest *Applicant*

P. O. Address 12360 Duchess Ave., Detroit, Michigan

Sworn to before me and signed in my presence this 9th *day of* January *19*42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Dr. Herman Nicol, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dr. Herman Nicol

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* January *19*42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Charles Southard, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Charles Southard

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* January *19*42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Lewis Harry Gilcrest

January 9 *19*42

Case No. A-85

ORDER FOR HEARING

This day Lewis Harry Gilcrest *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lewis Harry Gilcrest

Probate Court, Union **County, Ohio**

January 9 *19* 42

Case No. A-85

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lewis Harry Gilcrest

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Dr. Herman Nicol and Mrs. Charles Southard, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. West Fifth Street

3. Full name of child Gilcrest (Surname) Lewis (First) Harry (Middle)

4. Date of birth Oct. 14, 1907 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gilcrest (Surname) Samuel (First) S. (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation accountant

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Lewis, (Surname) Etta (First) Alice (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Oil City, (City, town, or county) Pennsylvania (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Swisher

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Carl John Roush

Case No. A-86

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 5yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) RD#1 Plain City, Ohio
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child: Roush (Surname) Carl (First) John (Middle)

4. Date of birth 9/13/1903 (Month) (Day) (Year)

5. Sex: M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Roush (Surname) John (First) Alexandra (Middle)

10. Color or race: white

11. Age at time of this birth: 35 yrs.

12. Birthplace: Gallia Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: Farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name: Thomas (Surname) Emma (First) Katherine (Middle)

16. Color or race: white

17. Age at time of this birth: 36 yrs.

18. Birthplace: Meigs Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name: Dr. McCune
Address: Unionville Center, Ohio
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Carl John Roush *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Carl John Roush *Applicant*

P. O. Address 14 S. Burgess Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 25th *day of* February *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Emma Roush, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Emma Roush

P. O. Address RD#1 Plain City, Ohio

Sworn to before me and signed in my presence this 25 *day of* Feb. *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Esta Michaels, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Esta Michaels

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 25 *day of* Feb *19* 42

Carrie W. Hornbeck
Probate Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Carl John Roush

February 25th 1942

Case No. A-86

ORDER FOR HEARING

This day Carl John Roush *appeared in open court and filed an application for the* Registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensedwith

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Carl John Roush

Probate Court, Union **County, Ohio**

February 25th *19*42

Case No. A-86

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Carl John Roush

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of two credible witnesses Emma Roush, mother and Esta Michaels, sister of applicant; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 5yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) RD#1 Plain City, Ohio (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Roush (Surname) Carl (First) John (Middle)

4. Date of birth 9/13/1903 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Roush John Alexandra (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Gallia County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer and milk hauler

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Thomas Emma Katherine (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Meigs County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. McCune

Address Unionville Center, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Olive May Robertson

Case No. A-87

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Magnetic Springs, O *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Richwood (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 4yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Claibourne (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Robertson (Surname) Olive (First) May (Middle)

4. Date of birth 5/12/1880 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Robertson, George H (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace ____ (City, town, or county) Pennsylvania (State or foreign country)
13. Usual occupation laborer
14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Foster (Surname) Mary Louise (First) (Middle)
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name ____
Address ____
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth *, as provided by law.*

Olive May Robertson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Olive May Robertson *Applicant*

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 4th *day of* February *19* 42.

Carrie W. Hornbeck
Deputy, Probate Court (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Amada McIntire, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Amanda McIntire

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4th *day of* February *19* 42.

Carrie W. Hornbeck
Probate Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Stephen Powell, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Stephen Powell

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4th *day of* February *19* 42.

Carrie W. Hornbeck
Probate Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Olive May Robertson

February 4th *19* 42

Case No. A-87

ORDER FOR HEARING

This day Olive May Robertson *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Olive May Robertson

Probate Court, Union **County, Ohio**

February 4th *19*42

Case No. A-87

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Olive May Robertson

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Amanda McIntire and Stephen Powell credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 4yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Robertson (Surname) Olive (First) May (Middle)

4. Date of birth 5/12/1880 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Robertson (Surname) George (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace _____ (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Foster, Mary Louise (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* Mildred Loretta Gray

Case No. A-88

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Union County, Ohio *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 22 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Gray (Surname) Mildred (First) Loretta (Middle)

4. Date of birth Nov. 5, 1907 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gray, (Surname) Earl (First) Walter (Middle)

10. Color or race White 11. Age at time of this birth 25 yrs.

12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation blacksmith

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Parmer, (Surname) Orpha (First) Ann (Middle)

16. Color or race White 17. Age at time of this birth 22 yrs.

18. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Hoopes

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Mildred Loretta Gray Shanks *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Mildred Loretta Gray Shanks *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* May *19*45.

Betty Geer

(Seal)

Deputy Clerk (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Seal)

(Official Title)

The State of Ohio, Union **County, ss.**

I, Orpha Ann Gray, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Orpha Ann Gray

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* MAY *19*45.

Betty Geer

(Seal)

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Lenora Dell Parmer, grandmother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lenora Dell Parmer

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* May *19*45

Betty Geer

(Seal)

Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth *of* MildredLoretta Gray

May 2 *19*45

Case No. A-88 ✓

ORDER FOR HEARING

This day Mildred Loretta Gray Shanks *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and notice dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Mildred Loretta Gray

Probate Court, Union **County, Ohio**

May 2 *19* 45

Case No. A-88

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mildred Loretta Gray Shanks

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Orpha Ann Gran, mother, and Lenora Dell Parmer, grandmother, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 22 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Gray (Surname) Mildred (First) Loretta (Middle)

4. Date of birth Nov. 5, 1907 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gray, (Surname) Earl (First) Walter (Middle)

10. Color or race White 11. Age at time of this birth 25 yrs.

12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Blacksmith

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Parmer, (Surname) Orpha (First) Ann (Middle)

16. Color or race White 17. Age at time of this birth 22 yrs.

18. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Hoopes

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

(Seal)

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* Isaac Walter Sanderson

Case No. A-89

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 14 (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Sanderson, (Surname) Isaac (First) Walter (Middle)

4. Date of birth 7/26/1898 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sanderson, (Surname) John Henry (First) (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Marion County, (City, town, or county) Iowa (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Hisey, (Surname) Ida (First) C. (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Timicanew (City, town, or county) Indiana (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth: 3

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Taylor

Address Broadway, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Isaac Walter Sanderson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Isaac Walter Sanderson *Applicant*

P. O. Address Richwood, O.R#1

Sworn to before me and signed in my presence this 16th *day of* January *19*42.

Milo L. Myers

Notary Public (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Fred J. Sanderson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Fred J. Sanderson

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 16th *day of* January *19*42.

Milo L. Myers

Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Ines I. Smallwood, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ines I. Smallwood

P. O. Address Marysville R#1, Ohio

Sworn to before me and signed in my presence this 16th *day of* January *19*42.

Milo L. Myers

Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Issac Walter Sanderson

January 16th *19*42

Case No. A-89 ✓

ORDER FOR HEARING

This day Isaac Walter Sanderson *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Isaac Walter Sanderson

Probate Court, Union **County, Ohio**

January 19, *19* 42

Case No. A-89

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Issac Walter Sanderson

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* affidavits of brother and sister, Fred J. Sanderson and Ines I. Smallwood; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 24 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Sanderson (Surname) Isaac (First) Walter (Middle)

4. Date of birth 7/26/1898 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sanderson (Surname) John (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Marion County, Iowa (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Hisey (Surname) Ida (First) C. (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Timicanew County, Indiana (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 3

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? "

22. Attending Physician or Midwife

Name Dr. Taylor

Address Broadway, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* Henry R. Kaufman

Case No. A-90

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center (Corporation)
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 7 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (Corporation
(City) (Village) (Township)

(d) Street No.

3. Full name of child Kaufman (Surname) Henry (First) R. (Middle)

4. Date of birth Sept. 21, 1904 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Kaufman (Surname) Leonard (First) (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Bavaria (City, town, or county) Germany (State or foreign country)

13. Usual occupation gardening

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Ebert, (Surname) Emma (First) Caroline (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Columbus (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. B. E. Baker
Address Milford Center, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Henry R. Kaufman *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Henry R. Kaufman *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17 *day of* January *19* 42.

Clifton L. Caryl

(Seal) Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Leonard Kaufman, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Leonard Kaufman

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 17 *day of* January *19* 42.

Clifton L. Caryl

(Seal) Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Emma Caroline Kaufman, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Emma Caroline Kaufman

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 17th *day of* January *19* 42

Clifton L. Caryl

(Seal) Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth *of* Henry R. Kaufman

January 17 *19* 42

Case No. A-90 ✓

ORDER FOR HEARING

This day Henry R. Kaufman *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with,

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, Union **County, Ohio**

_____ *19*____

*Case No.*_____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

*This day this cause came on to be heard on the application of*_____

*for an order of The Court correcting*_____*birth record, as it is registered in the office of*_____

_____*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*_____

_____;

*that notice of the hearing on said application has been*_____*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

January 17 *19*42

Case No. A-90

of Henry R. Kaufman

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Henry R. Kaufman

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Leonard Kaufman and Emma Caroline Kaufman, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center (Corporation) (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (Corporation) (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Kaufman (Surname) Henry (First) R. (Middle)

4. Date of birth Sept. 21, 1904 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet no If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Kaufman (Surname) Leonard (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Bavaria (City, town, or county) Germany (State or foreign country)

13. Usual occupation gardening

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Ebert (Surname) Emma (First) Caroline (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Columbus (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. D. E. Baker

Address Milford Center, Ohio

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Peter Clarence Miller

Case No. A-91

APPLICATION

Your applicant respectfully represents that he *was born in* Pike *County, Ohio; that* he *now resides in* Marysville, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Pike

(b) Seal
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 35
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Pike County

(c) Seal
(City) (Village) (Township)

(d) Street No.

3. Full name of child: Miller (Surname) Peter (First) Clarence (Middle)

4. Date of birth 5/9/1886 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Miller (Surname) Isaac (First) (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Pike (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Schuster (Surname) Elizabeth (First) (Middle)

16. Color or race White 17. Age at time of this birth 36 yrs.

18. Birthplace Seal (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living?
(b) How many other children were born alive but were then dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Peter Clarence Miller *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Peter Clarence Miller *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* January *19*42.

John W. Dailey
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, J. W. Miller, brother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. W. Miller

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 17th *day of* January *19*42.

John W. Dailey
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Peter Clarence Miller

January 17th *19*42

Case No. A-91 ✓

ORDER FOR HEARING

This day Peter Clarence Miller *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____ *for an order of The Court correcting* _____ *birth record, as it is registered in the office of* _____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other _____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Peter Clarence Miller

Probate Court, Union **County, Ohio**

January 17th *19* 42

Case No. A-91

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Peter Clarence Miller *for an order of The Court directing the registration of* his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of J. W. Miller, a credible witness and documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Pike

(b) Seal (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution _____ In this community 36 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Pike

(c) Seal (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Miller (Surname) Peter (First) Clarence (Middle)

4. Date of birth 5/9/1886 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Miller (Surname) Issac (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Pike County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Schuster, (Surname) Elizabeth (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Seal Twp. Pike Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name _____

Address _____

M. D., midwife, or other _____ Date signed _____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Raymond Dwyer Marshall

Case No. A-92

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marion, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution x In this community 6 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome (City) (Village) (Township)

(d) Street No. none

3. Full name of child Marshall (Surname) Raymond (First) Dwyer (Middle)

4. Date of birth April 24, 1901 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet none If so—born 1st, 2d, or 3d x

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Marshall (Surname) A. (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Parker (Surname) Alwilda (First) Gertrude (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. William Gardner

Address Plain City, Ohio

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Raymond Dwyer Marshall *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Raymond Dwyer Marshall *Applicant*

P. O. Address 280 Breen St., Marion, Ohio

Sworn to before me and signed in my presence this 19th *day of* January *19* 42.

Helen Hawke

(Seal) Notary Public (Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of

of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, A. H. Marshall , the father *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

A. H. Marshall

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 19th *day of* January *19* 42.

Helen Hawke

(Seal) Notary Public (Official Title)

The State of Ohio, **County, ss.**

I, *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth *of* Raymond Dwyer Marshall

January 19 *19* 42

Case No. A-92

ORDER FOR HEARING

This day Raymond Dwyer Marshall *appeared in open court and filed an application for the* registration of his birth .

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with,

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

January 19 19 42

Case No. A-92

of Raymond Dwyer Marshall

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Raymond Dwyer Marshall

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of A. H. Marshall and clear and convincing documentary proof; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome (City) (Village) (Township)

(c) Name of hospital or institution:

none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution x In this community 6 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome (City) (Village) (Township)

(d) Street No. none

3. Full name of child Marshall (Surname) Raymond (First) Dwyer (Middle)

4. Date of birth April 24, 1901 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet none If so—born 1st, 2d, or 3d x

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Marshall (Surname) A. (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Parker (Surname) Alwilda (First) Gertrude (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. William Gardner

Address Plain City, Ohio

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Alfred Graden Beckley

Case No. A-93

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 5yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Beckley, Alfred Graden
Surname First Middle

4. Date of birth 4/9/1900
(Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Beckley, David Wesley
Surname First Middle

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Marion, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Hill Phoebe Ellen
Surname First Middle

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Fayette Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. B.P. Hall
Address Richwood, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Alfred Graden Beckley *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Alferd Graden Beckley *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 19th *day of* January *19*42.

Starling Dixon

Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, Phoebe Ellen Beckley, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Phoebe Ellen Beckley

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 19th *day of* January *19*42.

Starling Dixon
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lucy M. Tilton, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lucy M. Tilton

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 19th *day of* January *19*42.

Starling Dixon
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Alfred Graden Beckley

Case No. 92

_____ *19*____

ORDER FOR HEARING

This day Alfred Graden Beckley *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

January 19th *19* 42

Case No. A-93

of Alfred Graden Beckley

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Alfred Graden Beckley

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Phoebe Ellen Beckley and Lucy M. Tilton credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) _____ (City) (Village) Claibourne (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution home In this community 5yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) _____ (City) (Village) Claibourne (Township)

(d) Street No. _____

3. Full name of child Beckley (Surname) Alfred (First) Graden (Middle)

4. Date of birth 4/9/1900 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Beckley (Surname) David Wesley (First) (Middle) 40

10. Color or race white 11. Age at time of this birth _____ yrs.

12. Birthplace Marion (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Hill, Phoebe Ellen (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Fayette (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. B. P. Hall

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Jessie Salome Hobensack

Case No. A-94

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Mt. Victory, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Washington Township (Village) (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 9 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Hobensack (Surname) Jessie (First) Salome (Middle)

4. Date of birth Oct. 22, 1877 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hobensack, John (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Bucks County, Pennsylvania (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Mabrey, Emma Elizabeth (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Bucks County, Pennsylvania (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 7

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name C. W. Morrow, M. C.

Address Mt. Victory, Ohio

M. D., midwife, or other ____

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol.1, p.232, of the Birth Records of Union Co. Ohio, in that the name of child is given as Bessie Hobensack instead of Jessie Salome Hobensack, the correct name; the day of the month is omitted; and the ~~mother's maiden name~~ is given as Emma Mabray instead of the correct name, Emma Elizabeth Mabrey.

Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

Jessie S. Hunt *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Jessie S. Hunt *Applicant*

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 20th *day of* January *19*42.

Wm. R. Cameron

(Seal) Notary Public in and for Union County, Ohio
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, R.B.Richardson, not related to the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

R. B. Richardson

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 20th *day of* January *19*42.

Carrie W. Hornbeck

Deputy in Probate Office
(Official Title)

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Jessie Salome Hobensack

January 20 1942

Case No. A-94

ORDER FOR HEARING

This day Jessie S. Hunt *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with,

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Jessie Salome Hobensack

Probate Court, Union **County, Ohio**

January 20 1942

Case No. A-94

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Jessie S. Hunt *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court of Union Co. Ohio, and the Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of R. B. Richardson, a credible witness, and documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 9 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Hobensack (Surname) Jessie (First) Salome (Middle)

4. Date of birth Oct. 22, 1877 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hobensack, John (Surname, First, Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Bucks County, Pennsylvania (City, town, or county) (State or foreign country)

13. Usual occupation Farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Mabrey, Emma, Elizabeth (Surname, First, Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Bucks County, Pennsylvania (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 7
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name C. W. Morrow, M.D.
Address Mt. Victory, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name of the child erroneously appearing as Bessie Hobensack be correctly stated as Jessie Salome Hobensack; that the day of the month of birth be stated as the 22nd day of October, 1877, and that the mother's maiden name be stated as Emma Elizabeth Mabray.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of

19

Case No.

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by *; that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet — If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname, First, Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname, First, Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

22. Attending Physician or Midwife
Name
Address
M. D., midwife, or other Date signed

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Lyle Gray McCracken

Case No. A-95

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* London, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County: Union

(b) (City) Paris Township (Village) (Township)

(c) Name of hospital or institution: None

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 1 yr.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State: Ohio

(b) County: Union

(c) (City) Paris Township (Village) (Township)

(d) Street No. _____

3. Full name of child: McCracken (Surname) Lyle (First) Gray (Middle)

4. Date of birth: 10/5/1914 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: McCracken (Surname) Arthur (First) C. (Middle)

10. Color or race: white 11. Age at time of this birth: 21 yrs.

12. Birthplace: Greene County (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation: Farmer

14. Industry or business: Farmer

MOTHER OF CHILD

15. Full maiden name: Gray (Surname) Bertha (First) Mae (Middle)

16. Color or race: white 17. Age at time of this birth: 21 yrs.

18. Birthplace: Ohio (City, town, or county) West Virginia (State or foreign country)

19. Usual occupation: Housewife

20. Industry or business: Housewife

21. Children born to this mother before this birth: none

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name: Dr. Charles D. Mills (deceased)

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Lyle Gray McCracken *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Lyle Gray McCracken *Applicant*

P. O. Address London, Ohio

Sworn to before me and signed in my presence this 27th *day of* February *19* 43.

William J. Porter

(Seal)

William J. Porter, Notary Public, State of Ohio. Commission expires Jan. 16th, 1945

(Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Bertha Mae McCracken, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Bertha Mae McCracken

P. O. Address 516 N. Main St. Marysville, O.

Sworn to before me and signed in my presence this 27th *day of* February *19* 43

Carrie W. Hornbeck

(Seal)

Deputy

(Official Title)

The State of Ohio, Union **County, ss.**

I, Arthur C. McCracken, Father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Arthur C. McCracken

P. O. Address 156 N. Main St. Marysville, O.

Sworn to before me and signed in my presence this 27th *day of* February *19* 43

Carrie W. Hornbeck

(Seal)

Deputy

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Lyle Gray McCracken

February 27 *19* 43

Case No. A-95

ORDER FOR HEARING

This day Lyle Gray McCracken *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

February 27 1943

Case No A-95

of Lyle Gray McCracken

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lyle Gray McCracken

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Bertha Mae McCracken and Arthur C. McCracken, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution: None

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Townsnip (City) (Village) (Township)

(d) Street No. _____

3. Full name of child McCracken (Surname) Lyle (First) Gray (Middle)

4. Date of birth 10/5/1914 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McCracken (Surname) Arthur (First) C. (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Greene County (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Gray (Surname) Bertha (First) Mae (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Ohio County (City, town, or county) West Virginia (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Charles D. Mills (deceased)

Address _____

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Annabelle Neds

Case No. A-96

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson Twp
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 2 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson
(City) (Village) (Township)

(d) Street No.

3. Full name of child Neds (Surname) Annabelle (First) (Middle)

4. Date of birth Sept. 28, 1901 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Neds (Surname) Luther (First) James (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Franklin, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation mechanic

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Davidson (Surname) Lettie (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Franklin (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Hall
Address Richwood, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth*

Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Annabelle Neds *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Annabelle Neds *Applicant*

P. O. Address 1448 Neil Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 24th *day of* January *19* 42.

Clifton L. Caryl
Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lettie Neds, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lettie Neds

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 24th *day of* January *19* 42.

Clifton L. Caryl
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Mary Neds, step grandmother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Mary Neds

P. O. Address ____

Sworn to before me and signed in my presence this 24th *day of* January *19* 42.

Clifton L. Caryl
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Annabelle Neds

January 24th *19* 42

Case No. A-96 ✓

ORDER FOR HEARING

This day Annabelle Neds *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

Probate Judge.

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

January 24th *19* 42

Case No. A-96

of Annabelle Neds

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Annabelle Neds

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Lettie Neds and Mary Neds, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 2yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Neds (Surname) Annabelle (First) _____ (Middle)

4. Date of birth Sept. 28/1901 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Neds (Surname) Luther (First) James (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Franklin (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Mechanic

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Davidson (Surname) Lettie (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Franklin (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Hall

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Arlis Lee Wasserbeck

Case No. A-97

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Jackson Twp. Union Co. Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— (City) ——— (Village) Jackson (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community 33 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— (City) ——— (Village) Jackson (Township)

(d) Street No. ———

3. Full name of child Wasserbeck (Surname) Arlis (First) Lee (Middle)

4. Date of birth Dec. 14, 1921 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy: nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Wasserbeck (Surname) Walter (First) Frank (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Smeltzer, (Surname) Margaret (First) Rhea (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Marion (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Finefrock Deceased.
Address Prospect, Ohio
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Arlis Lee Wasserbeck *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Arlis Lee Wasserbeck *Applicant*

P. O. Address Prospect, Ohio, R. D. 1

Sworn to before me and signed in my presence this 26th *day of* January *19*42.

Starling Dixon
Notary Public (Official Title)

(Seal)

AFFIDAVIT

Probate Court, ——— **County, Ohio**

In the Matter of ———
of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Margaret Rhea Wasserbeck, Mother *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Margaret Rhea Wasserbeck

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26th *day of* January *19*42.

Carrie W. Hornbeck
Deputy (Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Elma Good, None *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Elma Good

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26th *day of* January *19*42.

Carrie W. Hornbeck
Deputy (Official Title)

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Arlis Lee Wasserbeck

January 26 *19*42

Case No. A-97

ORDER FOR HEARING

This day Arlis Lee Wasserbeck *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with,

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

January 26 *19*42

Case No. A-97

of Arlis Lee Wasserbeck

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Arlis Lee Wasserbeck

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Margaret Rhea Wasserbeck and Elma Good, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution: At home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 33 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Wasserbeck (Surname) Arlis (First) Lee (Middle)

4. Date of birth Dec. 14, 1921 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy none

8. Mother married? yes

FATHER OF CHILD

9. Full name Wasserbeck, (Surname) Walter (First) Frank (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Smeltzer, (Surname) Margaret (First) Rhea (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Marion (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Finefrock Deceased.

Address Prospect, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Durward Lynn Perkins

Case No. A-98

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 409 Third St.N.W.Canton, Ohio *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome
(City) (Village) (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 24 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth Sept. 18, 1899 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9 mo

8. Mother married? yes

FATHER OF CHILD

9. Full name Perkins (Surname) William (First) Schuyler (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Dover Twp. Union County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Davis (Surname) Mary (First) Arvilla (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Jerome Twp, Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth: none
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. E. T. Holmes
Address Plain City, Ohio
M. D., midwife, or other ____

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Durward Lynn Perkins *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Durward Lynn Perkins *Applicant*

P. O. Address Canton, Ohio

Sworn to before me and signed in my presence this 26th *day of* January *19* 42

Alnet Mayer

(Seal) Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, William Schulyer Perkins, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

William Schulyer Perkins

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 26th *day of* January *19*42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Milo L. Myers, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Milo L. Myers

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 26th *day of* January *19*42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Durward Lynn Perkins

January 26 *19*42

Case No. A-98

ORDER FOR HEARING

This day Durward Lynn Perkins *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispended with,

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, at the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Durward Lynn Perkins

Probate Court, Union **County, Ohio**

January 26 *19* 42

Case No. A-98

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Durward Lynn Perkins

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* William Schuyler Perkins and Milo L. Myers, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Perkins (Surname) Durward (First) Lynn (Middle)

4. Date of birth Sept. 18. 1899 (Month) (Day (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9 mo.

8. Mother married? yes

FATHER OF CHILD

9. Full name Perkins (Surname) William (First) Schuyler (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Dover Twp, Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Davis, Mary Arvilla (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Jerome Twp, Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: none

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. E. T. Holmes

Address Plain City, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Orus Frank Rush

Case No. A-99

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Sandusky, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Jackson (Village) (Township)

(c) Name of hospital or institution: ____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 39 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Jackson (Village) (Township)

(d) Street No. ____

3. Full name of child Rush (Surname) Orus (First) Frank (Middle)

4. Date of birth Oct. 12, 1903 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rush (Surname) Benjamine (First) Franklin (Middle)

10. Color or race ____ 11. Age at time of this birth 49 yrs.

12. Birthplace Knox (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Fish, Susan Ellen (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 39 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? ____
(b) How many other children were born alive but were then dead? ____
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. L. L. Roebuck
Address Marion, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *as provided by law.*

Orus Frank Rush *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Orus Frank Rush *Applicant*

P. O. Address 1317 Sycamore St. Fremont, Ohio

Sworn to before me and signed in my presence this 24th *day of* January *19* 42.

F. LeRoy Allen
Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of Registration of the birth
of Orus Frank Rush

The State of Ohio, Union **County, ss.**

I, L. L. Roebuck, M. D. *, do hereby certify that I was the physician in attendance at the birth of* Orus Frank Rush *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

L. L. Roebuck *Attending Physician*

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 24th *day of* January *19* 42.

Mabel Wilson
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, A. D. Parish *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

A. D. Parish

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 31st *day of* January *19* 42.

Undine Dailey
Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, S. R. Sanders *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

S. R. Sanders

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 31st *day of* January *19* 42.

Undine Dailey
Probate Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Orus Frank Rush

Case No. 99

19 ____

ORDER FOR HEARING

This day Orus Frank Rush *appeared in open court and filed an application for the* registration of his birth .

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ORUS FRANK RUSH

Probate Court, Union **County, Ohio**

January 31st *19*42

Case No. A-99

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Orus Frank Rush

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavit of the Physician in Attendance and the testimony of two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution:

at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 39 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Rush (Surname) Orus (First) Benjamine Franklin (Middle)

4. Date of birth Oct 12,1903 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy Nine

8. Mother married? Yes

FATHER OF CHILD

9. Full name Rush (Surname) Benjamine (First) Franklin (Middle)

10. Color or race white 11. Age at time of this birth 49 yrs.

12. Birthplace Knox County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farming

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Fish (Surname) Susan (First) Ellen (Middle)

16. Color or race White 17. Age at time of this birth 39 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother: 14

(a) How many other children of this mother are now living? 9

(b) How many other children were born alive but are now dead? 4

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. L. L. Roebuck

Address Marion, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Bailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of birth

of Nye Hamilton

Case No. A-100

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 37 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway (City) (Village) (Township)

(d) Street No.

3. Full name of child Hamilton (Surname) Nye (First) Floyd (Middle)

4. Date of birth 3/31/1895 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hamilton (Surname) A. (First) B. (Middle)

10. Color or race White 11. Age at time of this birth 40 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Railroader

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Wolford (Surname) Alice (First) (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? 2

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Taylor

Address Broadway, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in the birth records of Union County Ohio. That said birth record is in part as follows: "Name of child Hamilton (Not named) Record Said birth record states that birth of applicant was reported by Nye Floyd Hamilton father and the same was properly recorded ~~to the court~~ before Applicant was named.

Your applicant hereby makes application for an order of the Court, directing the correction of his births provided by law.

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Nye Floyd Hamilton *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 27th *day of* January *19* 42.

F. LeRoy Allen

Notary Public (Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of the registration of the birth

of Nye Floyd Hamilton

The State of Ohio, Union **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Alice Hamilton, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nye Alice Hamilton

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 27th *day of* January *19* 42.

Carrie W. Hornbeck

Probate Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Effie Jenkins, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Effie Jenkins

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* January *19* 42.

Carrie W. Hornbeck

Probate Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record

of Nye Floyd Hamilton

January 27th *19* 42

Case No. A-100 ✓

ORDER FOR HEARING

This day Nye Floyd Hamilton *appeared in open court and filed an application for the* Correction of his Birth Record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Nye Floyd Hamilton

Probate Court, Union **County, Ohio**

January 27 *19* 42

Case No. A-100

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Nye Floyd Hamilton *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, O. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Alice Hamilton and Effie Jenkins, ~~persons having knowledge of the facts~~ *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 37yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Hamilton (Surname) Nye (First) Floyd (Middle)

4. Date of birth March 31, 1895 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hamilton (Surname) A. (First) B. (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Railroader

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Wolford (Surname) Alice (First) (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Taylor

Address Broadway, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

By changing Hamilton (not named) to Hamilton Nye Floyd, in the birth records of Union County, Vol. 3, pg 87.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth

of Jasper George McIntire

Case No. A-101

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Toledo, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Richwood ———
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community 35 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Richwood ———
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child McIntire (Surname) Jasper (First) George (Middle)

4. Date of birth 8/6/1891 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McIntire (Surname) George (First) Riley (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business building

MOTHER OF CHILD

15. Full maiden name Bump (Surname) Alfretta (First) Delphine (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Wurtzbaugh
Address Richwood, Ohio
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Jasper George McIntire *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Jasper George McIntire *Applicant*

P. O. Address 1640 Ontario St. Toledo, Ohio

Sworn to before me and signed in my presence this 27th *day of* January *19* 42.

Helen Hawke
Notary Public
(Official Title)

AFFIDAVIT Probate Court, ——— County, Ohio

In the Matter of ———

of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19* ———.

———
(Official Title)

The State of Ohio, Union **County, ss.**

I, Benton Sinkey, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Benton Sinkey

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 27th *day of* January *19* 42.

Helen Hawke
notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, William Fletcher, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

William Fletcher

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 27th *day of* Janaury *19* 42

Helen Hawke
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth

of Jasper George McIntire

January 27th *19* 42

Case No. 101

ORDER FOR HEARING

This day Jasper Geo. McIntire *appeared in open court and filed an application for the* registration of the birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____ *for an order of The Court correcting* _____ *birth record, as it is registered in the office of* _____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Jasper George McIntire

Probate Court, Union **County, Ohio**

January 27th *19* 42

Case No. A-101

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jasper Geo. McIntire *for an order of The Court directing the registration of* his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Benton Sinkey and Wm Fletcher; two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood, (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 35yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth 8/6/1891 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McIntire George Riley (Surname First Middle)

10. Color or race White 11. Age at time of this birth 33 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation carpenter

14. Industry or business building

MOTHER OF CHILD

15. Full maiden name Rump Alfretta Delphine (Surname First Middle)

16. Color or race White 17. Age at time of this birth 35 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Wurtzbaugh

Address Richwood, Ohio

_____

M. D., midwife, or other M.D. Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, _____ County, Ohio

In the Matter of the Registration of Birth
of Harry Gale Kimball

Case No. A-103

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville
(City) (Village) (Township)

(c) Name of hospital or institution: _____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 22yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Kimball (Surname) Harry (First) Gale (Middle)

4. Date of birth 1/17/1892 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Kimball (Surname) William (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Cardington (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Mummey (Surname) Laura (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. B.V. Buffington
Address Marysville, Ohio
_____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Harry Gale Kimball *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Harry Gale Kimball *Applicant*

P. O. Address 193 E. 6th Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 31st *day of* January *19* 42.

Helen Hawke
Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of the registration of the birth
of Harry Gale Kimball

The State of Ohio, Union **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, F. B. Courter, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

F. B. Courter

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* January *19* 42

Helen Hawke
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lewis Mummey, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lewis Mummey

P. O. Address Marysville, Ohio RD#

Sworn to before me and signed in my presence this 31st *day of* January *19* 42

Helen Hawke
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Harry Gale Kimball

January 31st *19* 42

Case No. A-103 ✓

ORDER FOR HEARING

This day Harry Gale Kimball *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Harry Gale Kimball

Probate Court, Union **County, Ohio**

January 31st *19* 42

Case No. A-103

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harry Gale Kimball

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of E. B. Courter and Lewis Mummey two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution 22yrs In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Maple St. Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Kimball (Surname) Harry (First) Gale (Middle)

4. Date of birth 1/17/1892 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Kimball (Surname) William (First) Henry (Middle)

10. Color or race White 11. Age at time of this birth 22 yrs.

12. Birthplace Cardington (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Mummey Laura (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 22 yrs.

18. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. R. V. Ruffington

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Harley Burnside

Case No. A-102

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Toledo, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Washington
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community 22yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Union

(b) County Ohio

(c) ——— Washington
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Burnside (Surname) Harley (First) ——— (Middle)

4. Date of birth 4/5/1888 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Burnside (Surname) Leonard (First) Bell (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Taynor (Surname) Elvira (First) ——— (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth: 1
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Miller
Address Byhalia, Ohio
———
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth *as provided by law.*

Harley Burnside *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Harley Burnside *Applicant*

P. O. Address 1646 Ottawa Drive, Toledo, Ohio

Sworn to before me and signed in my presence this 28th *day of* January *19* 42.

Starlinge Dixon

Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ——— **County, Ohio**

In the Matter of ———

of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

———
(Official Title)

The State of Ohio, Union **County, ss.**

I, A. J. Miller, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

A.J. Miller

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 29th *day of* January *19* 42.

Undine Dailey

Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, S. E. Burnside, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

S. E. Burnside

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 29th *day of* January *19* 42.

Undine Dailey

Probate Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Harley Burnside

January 29th *19* 42

Case No. 102

ORDER FOR HEARING

This day Harley Burnside *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Harley Burnside

Probate Court, Union **County, Ohio**

January 29th *19* 42

Case No. A-102

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harley Burnside

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of A.J.Miller and S.E. Burnside, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 22 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Union

(b) County Ohio

(c) Washington (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Burnside (Surname) Harley (First) _____ (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Burnside (Surname) leonard (First) Bell (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Taynor (Surname) Elvira (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 4

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr Miller

Address Byhalia, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey, *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth *of* James Oscar Weidman

Case No. A-104

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Los Angles, California *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 7yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Weidman (Surname) James (First) Oscar (Middle)

4. Date of birth 5/2/1873 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Weidman (Surname) John (First) (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Hessen Darmstadt, (City, town, or county) Germany (State or foreign country)

13. Usual occupation building contractor

14. Industry or business Construction

MOTHER OF CHILD

15. Full maiden name Ferguson (Surname) Mary (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Logan, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name not known

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

James Oscar Weidman *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

James Oscar Weidman *Applicant*

P. O. Address 1309 Keniston Ave. Los. Angeles, Calif.

Sworn to before me and signed in my presence this 15th *day of* January *19* 42.

Guy W. Colton

Notary Public (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____ *of* ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Richard L. Cameron, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Richard L. Cameron

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* February *19* 42.

Carrie W. Hornbeck

Probate Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Adele M. Kagay, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Adele M. Kagay

P. O. Address Notary Public

Sworn to before me and signed in my presence this 3rd *day of* February *19* 42.

Carrie W. Hornbeck

Probate Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* James Oscar Weidman

January 5th 19 42

Case No. A-104 ✓

ORDER FOR HEARING

This day James Oscar Weidman *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be comtinued. It is further ordered that Robert W. Kinney, 229 N. Broadway, Los Angeles, Calif. be appointed Master Commissioner to take the testimony of the applicant

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

February 3rd 1942

Case No. A-104

of James Oscar Weidman

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Oscar Weidman

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavits and testimony of Adele M. Kagay and Richard L. Cameron, credible witnesses; *that notice of the hearing on said application has been* dispensed with the deposition of the applicant having been taken *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 7yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Weidman (Surname) James (First) Oscar (Middle)

4. Date of birth 5/2/1873 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Weidamn (Surname) John (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Hessen Darmstadt, (City, town, or county) Germany (State or foreign country)

13. Usual occupation builder

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Ferguson, Mary Jane (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Logan (City, town, or county) Ohio (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Ernest Eugene Tropp

Case No. A-105

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Tropp (Surname) Ernest (First) Eugene (Middle)

4. Date of birth Oct. 25, 1912 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Tropp (Surname) Marshall (First) (Middle)

10. Color or race white 11. Age at time of this birth 60 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Gandy (Surname) Laura (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business "

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. B. P. Hall

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his birth *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Ernest Eugene Tropp *Applicant*

The State of Ohio, ____ County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ernest Eugene Tropp *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 2nd *day of* February *19*42.

Starling Dixon

Notary Public (Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ County, ss.

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Laura Tropp Loy, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Laura Tropp Loy

P. O. Address Rushsylvania, Ohio

Sworn to before me and signed in my presence this 3rd *day of* February *19*42.

Carrie W. Hornbeck

Probate Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Minnie Bayliss, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Minnie Bayliss

P. O. Address Bellefontaine, Ohio

Sworn to before me and signed in my presence this 3rd *day of* Fenruary *19*42.

Carrie W. Hornbeck

Probate Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth *of* Ernest Eugene Tropp

February 3rd *19*42

Case No. A-105

ORDER FOR HEARING

This day Ernest Eugene Tropp *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Ernest Eugene Tropp

Probate Court, Union **County, Ohio**

19

Case No. A-105

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ernest Eugene Tropp

Probate Court, Union **County, Ohio**

February 3rd *19* 42

Case No. A-105

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ernest Eugene Tropp

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Laura Tropp Loy and Minnie Bayliss credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Tropp (Surname) Ernest (First) Eugene (Middle)

4. Date of birth Oct. 25, 1912 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Tropp (Surname) Marshall (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 60 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Gandy (Surname) Laura (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business "

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. B. P. Hall

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Don Oliver Snyder

Case No. A-106

APPLICATION

Your applicant respectfully represents that he *was born in* Delaware *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Delaware

(b) ____ (City) ____ (Village) Berlin (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 4 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Delaware

(c) Delawrae RFD# (City) ____ (Village) Ohio (Township)

(d) Street No. ____

3. Full name of child Snyder (Surname) Don (First) Oliver (Middle)

4. Date of birth 11/22/1922 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Snyder (Surname) Oliver Norton (First Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Franklin (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Willison, Minnie Mae (Surname First Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Paulding County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

22. Attending Physician or Midwife:

Name Dr. McCarty

Address Delaware, Ohio

M. D., midwife, or other ____

21. Children born to this mother before this birth: 3

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Don Oliver Snyder *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Don Oliver Snyder *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* February *19*42.

Clifton L. Caryl

Notary Public (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Oliver Norton Snyder, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Oliver Norton Snyder

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* February *19*42.

Clifton L. Snyder

Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Minnie Mae Snyder, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Minnie Mae Snyder

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* February *19*42.

Clifton L. Caryl

Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Don Oliver Snyder

February 2nd *19*42

Case No. A-106

ORDER FOR HEARING

This day Don Oliver Snyder *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Don Oliver Snyder

Probate Court, Union **County, Ohio**

February 2nd *19* 42

Case No. A-106

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Don Oliver Snyder

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Oliver Norton Snyder, and Minnie Mae Snyder, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Delaware

(b) _____ Berlin (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 4yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Delaware

(c) Delaware RFD#, Ohio (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Snyder (Surname) Don (First) Oliver (Middle)

4. Date of birth 11/22/1922 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Snyder (Surname) Oliver (First) Norton (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Franklin (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Willison, Minnie Mae (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Paulding Co (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 5

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. McCarty

Address Delaware, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

A-104
sworn according to law to speak the truth, the whole truth and nothing but the truth, concerning the Registration of the birth of James Oscar Weidman, testified as follows: I, James Oscar Weidman, the undersigned, being first duly sworn according to the law to tell the truth, the whole truth and nothing but the truth, hereby swear that I was born in Union County, Ohio; that I am now a resident of Los Angeles, California; and that the following are the available facts with relation to my birth, as of date of delivery: Place of birth: County, Union, Marysville, Paris Township, in this community 7yrs. Usual residence of the mother: State, Ohio, County, Union, Village, Marysville. Full name of child, Weidman, James Oscar. Date of birth May 2, 1873. Sex, Male. Father of child, John Weidman, race, white age at time of this birth, 43yrs. birthplace Hessen Darmstadt, Geramny, occupation, building contractor. Mother of child, Mary Jane Ferguson, white, age 30yrs, Birthplace, Huntsvulle, Logan County, Ohio. Occupation, housewife. I further swear that the registration of my birth is not recorded. Signed, James Oscar Weidman. CERTIFICATE I hereby swear that the foregoing was reduced to writin by me, in the presence of James Oscar Weidman the applicant herein, and was subscribed by him in my presence on this 28th day of January, 1942. IN TESTIMONY WHEREOF, I have hereunto set my hand, at Los Angeles, California, this 29th day of January, 1942. Commissioers fees $5.00 (paid) Signed Robert W. Kenny. Commissioner.

A-118 From page 226-
The State of Ohio, Lucas County. I, the undersigned, Judge and ex-officio Clerk of the Probate Court within and for said County, and in whose custody the Files, Journals and Records of said Court are required by the laws of the State of Ohio to be kept, do hereby certify that the foregoing entry is taken and copied from the journal of the proceedings of said Court; that the same has been compared by me with the original entry on said journal, and that it is a true and correct copy thereof. In Testimony Whereof, I hereunto subscribe my name officially and affix the seal of said Court this Feb. 11, 1942. Chas. E. Chittenden, Judge and ex-officio Clerk
L. Davidson, Deputy Clerk (Seal)

A-122 From page 233
Probate Court, Union County, Ohio. In the Matter of the Registration of Birth of Bertha Iola May. Commission. To Robert Kenney, Greeting: Know you, that I, Judge of the Probate Court of Union County, Ohio, have appointed you, and by these presents do give you full power and authority to examine and take the deposition of Bertha Iola May Young, applicant , who resides at 2-20 West 85 St. Los Angeles, California, and who is unable to appear in said Court, in the matter of the registration of birth of Bertha Iola May, now a resident of Los Angeles, California, who has filed an application for the registration of her birth in the Probate Court, Union County, Ohio; and therefore I command you that, at certain times and placee appointed by you, you cause the said Bertha Iola May to be brought before you, and then and there examine her, on oath or affirmation first taken before you, touching the registration of birth of the said Bertha Iola May, and that you return her testimony, together with this commission, closed up under your seal, unto our said Court, with all convenient speed. In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Marysville, Ohio, this 24th day of February, 1942. John W. Dailey, Judge and ex-officio Clerk of the Probate Court (Seal)

Deposition of Bertha Iola May Young. In the Matter of the Registration of Birth of Bertha Iola May. I, Robert W. Kenny, duly appointed and commissioned by the Judge of the Probate Court of the County of Union in the State of Ohio, to take deposition of Bertha Iola May Young, applicant in the matter of the registration of birth of Bertha Iola May, now a resident of Los Angeles, California, do hereby certify that in pursuance of said commission, I caused the said Bertha Iola May Young to come personally before me at 229 North Broadway, Los Angeles, California, who, being duly sworn according to law to speak the truth, the whole truth and nothing but the truth, concerning the registration of Bertha Iola May, testified as follows: Bertha Iola May, also known as Bertha Iola Young, the undersigned, beihg first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, hereby swears that Bertha Iola May was born in Union County, Ohio; that she is now a resident of Los Angeles, Los Angeles, California; and that the following are the available facts with relation to her birth, as of date of delivery: 1. Place of Birth: (a) County, Union (b) near Richwood (c) Name of hospital or institution: at family residence. (d) Mother's stay before delivery in this community, unknown. 2. Usual Residence of Mother: (a) State, Ohio. (b) County, Union. (c) near Richwood. (d) Street No. unknown 3. Full name of child: May, Bertha Iola. 4. Date of birth: July 10, 1906. 5. Sex: Female. 6. Twin or triplet: no. 7. Number of months of pregnancy, 9. 8. Mother married? yes. Father of Child: 9. Full name, May, Samuel David. 10. Color or race, white. 11. Age at time of this birth 35 yrs. 12. Birthplace: Johnston County, Kentucky. 13. Usual occupation: Baptist minister. Mother of Child: 15. Full maiden name, Hammond, Emma Dalene. 16. Color or race, white. 17. Age at time of this birth 33 yrs. 18. Birthplace, Salyersville, Kentucky. 19. Usual occupation, housewife. 21. Children born to this mother before this birth. (a) How many other children of this mother were living: two. (b) How many other children were born alive but were then dead? one. (c) How many children were born dead? none. 22. Attending Physician or Midwife. Name, Naomi Temple (hired servant) Address: unknown. She further swears that the registration of her birth is not recorded. Bertha Iola May Bertha Iola Young

Certificate. I hereby certify that the foregoing was reduced to writing by me, in the presence of Bertha Iola Young, the applicant herein, and was subscribed by her in my presence, on this 4th day of March, 1942. In Testimony Whereof, I have hereunto set my hand, at Los Angeles, California, this 4th day of March, 1942. Robert W. Kenny, Commissioner

A-125. From 239.
Probate Court, Union County, Ohio. In the Matter of the registration of birth of William Howard Reid. Commission: To Robert W. Kenny, Greeting: Know you, that I, Judge of the Probate Court of Union County, Ohio, have appointed you, and by these presents do give you full power and authority to examine and take the deposition of William Howard Reid, applicant who resides at 2376 Portland St. Los Angeles, Cal. and who is unable to appear in said Court, in the matter of the registration of his birth, now a resident of Los Angles, Cal. who has filed an application for the registration of his birth in Union County, Ohio; and therefore I command you that, at certain times and places appointed by you, you cause the said William Howard Reid to be brought before you, and then and there examine him, on oath or affirmation first taken before you, touching the registration of birth of the said William Howard Reid, and that you return his testimony, together with this commission, closed up under your seal, unto our said Court, with all convenient speed. In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Marysville, Ohio, this 27 day of February, 1942. John W. Dailey, Judge and ex-officio Clerk of the Probate Court (Seal)

Deposition of William Howard Reid. In the matter of the registration of birth of William Howard Reid. I, Robert W. Kenny, duly appointed and commissioned by the Judge of the Probate Court of the County of Union in the State of Ohio, to take deposition of William Howard Reid, applicant, in the matter of the registration of birth of William Howard Reid, now a resident of Los Angeles, Los Angeles, California, do hereby certify that in pursuance of said commission, I caused the said William Howard Reid to come personally before me at 229 North Broadway, Los Angeles, California, who, being duly sworn according to law to speak the truth, the whole truth and nothing but the truth, concerninging the registration of his birth, testified as follows: William Howard Reid, the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but

the truth, hereby swaers that he was born in Union County, Ohio; that he is now a resident of Los Angeles, Los Angeles, California; and that the following are the available facts with relation to his birth, as of date of delivery: 1. Place of Birth: (a) County, Union. (b) outside Milford Center- Howardtown. (d) Mother's stay before delivery: In this community, unknown. 2. Usual Resideneeof Mother: (a) State, Ohio. (b) County, Union. (c) unknown 3. Full name of child: Reid, William Howard. 4. Date of birth: Aug. 27, 1880. 5. Sex: Male 6. Twin or triplet: no. 9 number of months of pregnancy: 9 mons. 8. Mother married? yes. Father of child: 9. Full name: Reid, Francis Marion. 10. Color or race, white. 11. Age at time of this birth: unk. 12. Birthplace: USA. 13. Usual occupation: carpenter. 14. Industry or business: same. Mother of Child: 15. Full maiden name: Ester. Louisa. 16. Color or race, white. 17. Age at time of this birth: unk. 18. Birthplace: United States. 19. Usual occupation: housewife. 20. Industry or business: same. 21. Children born to this mother before this birth. (a) How many other children of this mother were living? one. (b) How many other children were born alive but were then dead? none. (c) How many children were born dead? none. 22. Attending Physician or Midwife: unknow. He further swaers that the registration of his birth is not recorded. William Howard Reid

Certificate: I hereby certify that the foregoing was reduced to writing by me, in the presence of William Howard Reid, the applicant herein, and was subscribed by him in my presence, on the 2nd day of March, 1942. In Testimony Whereof, I have hereunto set my hand, at Los Angeles, California, this 2nd day of March, 1942. Robert W. Kenny, Commissioner.

From page 313
The State of Ohio, Hardin County, ss: I, the undersigned Judge of the Probate Court within and for said County and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is a true and correct copy of the journal entry of said Court the birth of John Elmer Durr, as taken and copied from the journal of the proceedings of said Court; that the same has been compared by me with the original journal and that it is a true and correct copy thereof. Witness my hand and the seal of said Court this 20th day of March, 1942. Guernsey B. DeWitt, Judge of said Court. By: Gertrude Eibling, Deputy Clerk (Seal)

A-175
CERTIFIED COPY OF JOURNAL ENTRY--ORDER ON HEARING.
Probate Court, Sandusky County, Ohio. March 30th, 1942. Case No. 519. Order on Hearing In the Matter of the Registration of the Birth of John Theodore Gloer.
This day the application of John Theodore Gloer to correct the record of his birth came on for hearing. The applicant and crediblw witnesses having been examined in open Court and the said applicant having submitted the affidavits of Eleanor Hergesheimer, Aunt and Fred J. Hergesheimer, Uncle, and the following documentary evidence, viz: in support of said application, the Court finds that the applicant's birth should be corrected in accordance with the following facts: 1. Place of Birth. (a) County, Union. (b) Marysville. 2. Usual Residence of Mother. (a) State Ohio. (b) County, Union. (c) Marysville. 3. Full Name of child: Gloer, John Theodore. 4. Date of birth: June 26, 1894. 5.Sex: Male. 6. Twin or triplet__ 7. Number of months of pregnancy, 9. 8. Mother married? Yes. Father of Child: 9. Full name; Gloer, John. 10. Color or race: W. 11. Age at time of this birth 41 yrs. 12. Birthplace: Switzerland, Europe. 13. Usual occupation: Laborer. Mother of Child: 15. Full maiden name: Wickland, Rosa. 16. Color or race: W. 17. Age at time of this birth 20 yrs. 18. Birthplace: Fremont, Ohio. 19. Usual occupation- Housewife. 21. Children born to this mother: (a) How many other children of this mother are now living? four. (b) How many other children were born alive but are now dead? none. (c) How many children were born dead? none. 22. Attending Physician or Midwife: Unknown.
It is, therefore, ordered that the registration of the birth of said applicant be corrected in accordance with the finding of the Court herein and that a summary of the finding and order of this Court, duly certified, be forthwith transmitted to the Probate Court, Union County, Ohio where said record should be corrected as provided by law. Robert J. Gabel, Judge of the Probate Court

The State of Ohio, Sandusky County, ss: I, the undersigned Judge of the Probate Court within and for said County and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is a true and correct copy of the journal entry of said Court correcting the birth of John Theodore Gloer, as taken and copied from the journal of the proceedings of said Court; thatthe same has been compared by me with the original journal and that it is a true and correct copy thereof. Witness my hand and the seal of said Court this 30th day of March, 1942. Robert J. Gabel, Judge of said Court. By Elizabeth Keating, Deputy Clerk (Seal)

A-138. From page 265 COMMISSION TO TAKE DEPOSITION (Filed Mar. 20,1942)
Probate Court, Union County, Ohio. In the Matter of the Registration of Birth of Andrew Jackson Heath. To Austin Clapp, Greeting: Know you, that I, judge of the Probate Court of Union County, Ohio, have appointed you, and by these presents do give you full power and authority to examine and take the deposition of Andrew Jackson Heath, applicant, who resides at 5504 Pacific Blvd. Huntington Park, Calif. in the matter of the registration of birth of Andrew Jackson Heath, now a resident of Huntington Park, Los AngelesCounty, California, who has filed an application for the registration of his birth in Probate Court, Union County, Ohio; and therefore I command you that, at certain times and places appointed by you, you cause the said Andrew Jackson Heath to be brought before you, and then and there examine him, on oath or affirmation first taken by you, touching the registration of birth of the said Andrew Jackson Heath, and that you return his testimony, together with this commission, closed up under your seal, unto our said Court with all convenient speed. In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Marysville, Ohio. this 9th day of March, 1942. John W. Dailey, Judge and ex-officio Clerk of the Probate Court.

In the Matter of the Registration of Birth of Andrew Jackson Heath. Case No. A-138. DEPOSITION
I, Austin Clapp, duly appointed and commissioned by the Judge of the Probate Court of the County of Union in the State of Ohio, to take deposition of Andrew Jackson Heath, applicant in the matter of the registration of birth of Andrew Jackson Heath, now a resident of Huntington Park, Los Angeles, California, do hereby certify that in pursuance of said commission, I caused the said Andrew Jackson Heath to come personally before me at 6308 Pacific Blvd. Huntington Park, California, who, being duly sworn according to law to speak the truth, the whole truth and nothing but the truth, concerning the registration of birth of Andrew Jackson Heath, testified as follows: Andrew Jackson Heath, the undersigned, being first duly sworn according tolaw to tell the truth, the whole truth and nothing but the truth, hereby swear that I, Andrew Jackson Heath, wae born in Union County, Ohio; that I am now a resident of Huntington Park, Los Angeles, California, and that the following are the available facts with relation to my birth, as of date of delivery: 1. Place of Birth: (a) County-Union. (b) Marysville. (c) Name of hospital or institution: at home. (d) Mother's stayebefore delivery: In this community- 1 yr. 2. Usual Residence of Mother: (a) State- Ohio (b) County-Union. (c) Marysville. 3. Full name of child: Heath, Andrew Jackson . Date of birth: March 8, 1884. 5. Sex: Male. 6. Twin or triplet: no. 7. Number of months of pregnancy- 9.

No. A-109

CERTIFIED COPY OF JOURNALENTRY- ORDER ON HEARING. Probate Court, Wyandot County, Ohio. January 15th, 1942. Case No. 110. In the Matter of the Registration of Birth of William Henry Moran. Order on Hearing. This day the application of William Henry Moran to register his birth came on for hearing. The applicant and Elias William Moran and Mary Ellen Moran, witnesses having been examined in open Court and the said applicant having submitted the affidavits of Elias William Moran and Mary Ellen Moran and the following documentary evidence, viz: Original entry on Family Birth record, in support of said application, the Court finds that the applicant's birth should be registered in accordance with the following facts. 1. Place of Birth: (a) County, Union (b) Richwood, R. R. (c) Name of hospital or institution: None. 2. Usual Residence of Mother: (a) State, Ohio. (b) County, Union. (c) Richwood, R. R. 3. Full Name of child, Moran, William Henry. 4. Date of birth: May 29, 1894. 5. Sex: Male. 6. Twin or triplet:-- 7. Number of months of pregnancy: 9 8. Mother married? yes. Father of Child: 9. Full name, Moran, Elias William. 10. Coloror race: white. 11. Age at time of this birth 25 yrs. 12. Birthplace, Putnam, Ohio. 13. Usual Occupation: Farming. 14. Industry or business: Farming. Mother of Child: 15. Full maiden name, Miller, Mary Ellen. 16. Color or race, White. 17. Age at time of this birth 21 yrs. 18. Birthplace: Crawford, Ohio. 19. Usual occupation: Housewife. 20. Industry or business, None. 21. Children born to this mother: (a) How many other children of this mother are now living? Three. (b) How many other children were born alive but are now dead? One. (c) How many children were born dead? One. 22. Attending Physician: Name, Dr. Hall, Address, Richwood, Ohio. It is, therefore, ordered that theregistration of the birth of said applicant be recorded in accordance with the findings of the Court herein and that a summary of the finding and order of this Court, duly certified, be forwith transmitted to the State Director of Health at Columbus, Ohio, as provided by law. Russell H. Kear, Judge of the Probate Court

The State of Ohio, Wyandot County, ss: I, the undersigned Judge of the Probate Court within and for said County and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is a true and correct copy of the journal entry of said Court registering the birth of William Henry Moran, as taken and copied from the journal of the proceedings of said Court; that the same has been compared by me with the original journal and that it is a true and correct copy thereof. Witness my hand and the seal of said Court this 6th day of February, 1942. Russell H. Kear, Judge of said Court (Seal)

No. A-113

In the Probate Court of Franklin County, Ohio. In the Matter of the Correction of Birth Record of Howard Alfred Paver. Finding and Order. Case No. 96723. This cause came on to be heard on the application of Howard Alfred Paver for an order of the court correcting the birth record of the applicant as it is registered in the office of Union County Court House, Marysville, O., Birth Record Vol. 3, page 155, No. 326; the court finds that notice of the hearing on said application has been dispensed with, as provided by law. The court, on consideration of the evidence submitted finds that the application is supported by: Affidavits by W. W. Wood O 223½ E. Main St. and by Bert Bancroft 501 Ridgway Al. friends of said applicant, having personal knowledge of facts stated in application. The Court finds that the correct record of the birth of the applicant is as follows: 1. Place of Birth: (a) County, Union. (b) Union Township (c) Name of hospital or institution: Union Township Farm. (d) Mother's stay before delivery: In this community 23 yrs. 2. Usual Residence of Mother: (At time of Delivery) (a) State, Ohio. (b) County, Union. (c) Union Township. (d) Street No. Farm. 3. Full Name of child: Paver, Howard Alfred. 4. Date of Birth: May 6, 1890. 5. Sex: Male. 6. Twin or triplet__ 7. Number months of pregnancy: 9. 8. Mother married? yes. Fatherof Child: 9. Full name, Paver, Alfred. 10. Color or race: w. 11. Age at time of this birth 30 yrs. 12. Birthplace: Union Co. Ohio. 13. Usual occupation: Farmer Mother of Child: 15. Full maiden name: Davis, Sadie. 16. Color or race: w. 17. Age at time of this birth 23 yrs. 18. Birthplace: Union Co. Ohio. 19. Usual occupation: farm. 21. Children born to this mother: 3. (a) How many other children of this mother are now living? 3. (b) How many other children were born alive but are now dead? none. (c) How many children were born dead? none. 22. Attending physician or midwife: Don't know. (3) Judge R. L. Cameron of Marysville was my guardian until I was 21 years old. It is therefore ordered by the court that the birth record of the applicant herein be and the same hereby is corrected, and that a certified copy of this order be transmitted to the office in which the said birth record of the applicant is registered, to be filed and recorded as provided by law. C. P. McClelland, Judge of the Probate Court of Franklin County, Ohio.

The State of Ohio, Franklin County, ss. I, C. P. McClelland, Judge and Ex-Officio Clerk of the Probate Court, within and for said County, and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is taken and copied from the Journal of the proceedings of said Court; that the same has been compared by me with the original entry on said Journal and that it is a true and correct copy thereof. Witness my signature and the seal of said Court, this 9th day of Feb. 1942. C. P. McClelland, Judge and Ex-Officio Clerk By May A. Vacca, Deputy Clerk (Seal)

From Pages 218 and 220:
The State of Ohio, Summit County. I, the undersigned, Judge and ex-officio Clerk of the Probate Court within and for said County, and in whose custody the Files, Journals and Records of said Court are required by the laws of the State of Ohio to be kept, do hereby certify that the foregoing entry is taken and copied from the journal of the proceedings of said Court; that the same has been compared by me with the original entry on said journal, and that it is a true and correct copy thereof. In Testimony Whereof, I hereunto subscribe my name officially and affix the seal of said Court, this 22nd day of January, 1942. Dean F. May, Judge and ex-officio Clerk. Leona Reisinger, Deputy Clerk (Seal)

No-A104

COMMISSION TO TAKE DEPOSITION. In the matter of the registration of the birth of James Oscar Weidman. Commission. To Robert W. Kenney, Greeting: Know you, that I, Judge of the Probate Court of Union County, Ohio, have appointed you, and by these presents do give you full power and authority to examine and take the deposition of James Oscar Weidman applicant, who resides at 1309 Keniston Ave. Los Angeles, California and who is unable to appear in said Court, in the matter of the registration of the birth in the Probate Court, Union County, Ohio; and therefore I command you that, at certain times and places appointed by you, you cause the said James Oscar Weidman to be brought before you, and then and there examine him, on oath or affirmation first taken before you, touching the registration of birth of the said applicant and that you return his testimony, together with this commission, closed up under your seal, unto our said Court, with all convenient speed.
In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Marysville, Ohio, this 20th day of January, 1942. John W. Dailey. Judge and ex-officio Clerk of the Probate Court.
DEPOSITION OF James Oscar Weidman. In the Matter of the Registration of the Birth of James Oscar Weidman. Deposition. I, Robert W. Kenny, duly appointed and commissioned by the Judge of the Probate Court of the County of Union in the State of Ohio, to take deposition of Applicant, in the matter of the registration of birth of James Oscar Weidman now a resident of Los Angeles, California do hereby certify that in pursuance of said commission, I caused the said James Oscar Weidman to come personally before me at 229 North Broadway, Suite 229, Los Angeles, California, who being duly

8. Mother married? yes. Father of Child: 9. Full name- Heath, William Henry. 10. Color or race- white. 11. Age at time of this birth 27 yrs. 12. Birthplace- Madison Co. Ohio. 13. Usual Occupation- Farmer. 14. Industry or business- Marble cutter. Mother of Child: 15. Full maiden name- Parker, Mary Elizabeth. 16. Color or race-White. 17. Age at time of this birth 29 yrs. 18. Birthplace- Wayne, Noble Co. Ohio. 19. Usual Occupation-Housewife. 21. Children born to this mother before this birth. None . (a) How many other children of this mother were living? None. (b) How many other children were born alive but were then dead?--. (c) How many children were born dead?-- 22. Attending Physician or Midwife: unknown. I further swear that the registration of my birth is not recorded. Andrew Jackson Heath

CERTIFICATE. I hereby certify that the foregoing was reduced to writing by me, in the presence of Andrew Jackson Heath, the applicant herein, and was subscribed by him in my presence, on this 17 day of March, 1942. In Testimony Whereof, I have hereunto set my hand at Huntington Park, California, this 17 day of March, 1942. Austin Clapp, Commissioner: Commissioner's Fees, $5.00

Union Co. A-195

In the Probate Court of Marion County, Ohio. In the Matter of the Correction of Birth Record of Ray William Lehman. Finding and Order. Case No. 299. This day this cause came on to be heard on the application of Ray William Lehman for an order of the court correcting the birth record of the applicant as it is registered in the office of Probate Court, Marysville, O. Birth Record Vol. 3, page 120, No. 209; the court finds that notice of the hearing on said application has been dispensed with. The court on consideration of the evidence submitted, finds that the application is supported by: Insurance policy in The Prudential Ins. Co. dated Apr. 8, 1918, and bearing number 2567909; marriage application on record in this office; certified copy original birth record; affidavits of Mr. and Mrs. L. A. Robinson, cousins of the applicant. The court finds that the correct record of the birth of the applicant is as follows: 1. Place of Birth: (a) County-Union. (b) Jackson Twp. (c) Name of hospital or institution: Home. 2. Usual Residence of Mother: (at time of delivery) (a) State-Ohio. (b) County-Union. (c) Jackson Twp. 3. Full name of child: Lehman, Ray William. 4. Date of birth: 9-27-1888. 5. Sex: M. 6. Twin or triplet---. 7. Number months of pregnancy-9. 8. Mother married? yes. Father of Child: 9. Full name- Lehman, Charlie Edward. 10. Color or race-W. 11. Age at time of this birth 34 yrs. 12. Birthplace-Franklin Co. Ohio. 13. Usual occupation- Farmer. Mother of Child: 15. Full maiden name- Hayes, Rose. 16. Color or race- W. 17. Age at time of this birth 30 yrs. Birthplace- Franklin Co., Ohio. 19. Usual Occupation* Housewife. 21. Children born to this mother: (a) how many otherchildren of this mother are now living? 4. (b) How many other children were born alive but are now dead? -- .(c) How many children were born dead? --. 22. Attending Physician or Midwife: not known. First name not given on record in Marysville, O. and mother's name should be Rose Hayes. It is therefore ordered by the court that the birth record of the applicant herein be and the same hereby is corrected, and that a certified copy of this order be transmitted to the office in which the said birth record of the applicant is registered, to be filed and recorded as provided by law. Oscar Gast, Judge of the Probate Court of Marion County, Ohio.

The State of Ohio, Marion County, ss. I, Oscar Gast, Judge and Ex-Officio Clerk of the Probate Court, within and for said County, and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is taken and copied from the Journal of the Proceedings of said Court; that the same has been compared by me with the original entry on said Journal and that it is a true and correct copy thereof. Witness my signature and the seal of said Court this 23rd day of January, 1942. Oscar Gast, Judge and Ex-Officio Clerk By Mabel F. Seiter, Deputy Clerk (Seal)

Union Co. No. A-196

In the Probate Court of Marion County, Ohio. In the Matter of the Correction of Birth Record of Allen David Sheneman. Finding and Order. Case No. 301. This day this cause came on to be heard on the application of Allen David Sheneman, for an order of the court correcting the birth record of the applicant as it is registered in the office of Probate Court at Marysville, Ohio, Birth Record Vol. 3, page 184, No. 284; the court finds that notice of the hearing on said application has been dispensed with as provided by law. The court, on consideration of the evidence submitted, finds that the application is supported by: Two Metropolitan Insurance Policies #2686152 and 373,9436, also the sworn testimony of applicant's sister Mrs. Iva Hemmerly residing at 239 E. Fairground St., and also Mother Mrs. Lucy Sheneman residing at 239 E. Fairground St., Marion, Ohio. The court finds that the correct record of the birth of the applicant is as follows: 1. Place of Birth: (a) County- Union. (b) Leesburg Township. (c) Name of hospital or institution: Home. (d) Mother's stay before delifery: In this community 44. 2. Usual Residence of Mother: (At time of Delivery) (a) State- Ohio. (b) County- Union. (c) Leesburg Township. 3. Full name of child: Sheneman, Allen David. 4. Date of birth: Feg. 9, 1896. 5. Sex: Male. 6. Twin or triplet--- . 7. Number of months of pregnancy- 9 mo. 8. Mother married? yes. Father of Child: 9. Full name- Sheneman, Emanuel M. 10. Color or race- W. 11. Age at time of this birth 48 yrs. 12. Birthplace-Licking, Ohio. 13. Usual occupation-farmer. Mother of Child: 15. Full maiden name- Hildreth, Lucy. 16. Color or race- W. 17. Age at time of this birth 44 yrs. 18. Birthplace- Union, Ohio. 19. Usual Occupation-housewife. 21. Children born to this mother: (a) How many other children of this mother are now living? 6. (b) How many other children were born alive but are now dead? one. (c) How many children were born dead? none. 22. Attending Physician or Midwife: Name- Jane Hildreth Address- Leesburg Twp, Union Co. It is therefore ordered by the court that the birth record of the applicant herein be and the same hereby is corrected, and that a certified copy of this order be transmitted to the office in which the said birth record of the applicant is registered, to be filed and recorded as provided by law. Oscar Gast, Judge of the Probate Court of Marion County, Ohio.

The State of Ohio, Marion County, ss: I, Oscar Gast, Judge and Ex-officio Clerk of the Probate Court within and for said county, and in whose custody the files, journals and records of said court are required by the laws of the state of Ohio to be kept, do hereby certify that the foregoing is taken and copied from the Journal of the Proceedings of said Court; that the same has been compared by me with the original entry on said Journal and that it is a true and correct copy thereof. Witness my signature and the seal of said Court this 27th day of December, 1941. Oscar Gast, Judge and Ex-Officio Clerk By Gertrude Carleton, Deputy Clerk (Seal)

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* Madeline Madge Daniels

Case No. A-107

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Los Angeles, California; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor
(City) (Village) (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 3 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Daniels (Surname) Madeline (First) Madge (Middle)

4. Date of birth April 17, 1903 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Daniels (Surname) William (First) Wallace (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Marion (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Service Station Operator

14. Industry or business same

MOTHER OF CHILD

15. Full maiden name Belle, Susan (Surname) Anna (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Marion (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Jenkins, deceased
Address Broadway, Ohio
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Madeline Madge Daniels *Applicant*

The State of Ohio, California, Los Angeles **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Madeline Madge Daniels *Applicant*

P. O. Address 321 Loma Place, Los Angeles, Calif.

Sworn to before me and signed in my presence this 29th *day of* January *19*42.

S. A. Wandmansel

(Seal) Notary Public, Co. of Los Angeles, Calif.
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, William Wallace Daniels, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

William Wallace Daniels

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 14th *day of* April *19*42.

(Seal) John W. Dailey
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Susan Anna Daniels, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Susan Anna Daniels

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 14th *day of* April *19*42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth *of* Madeline Madge Daniels

February 3 *19*42

Case No. A-107 ✓

ORDER FOR HEARING

This day Allen and Allen, Attorneys *appeared in open court and filed an application for the* registration of the birth of Madeline Madge Daniels.

It is ordered that hearing on said application be continued.

It is further ordered by The Court that Robert W. Kenney, 229 N. Broadway, Los Angeles, Cal. *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

DEPOSITION

NOTICE OF HEARING RECORDED Page 378-A (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Madeline Madge Daniels

Probate Court, Union **County, Ohio**

April 14 *19*42

Case No. A-107

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Madeline Madge Daniels

for an order of The Court directing the registration of her *birth.*

Robert W. Kenny, Special Master Commissioner, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of William Wallace Daniels and Susan Anna Daniels, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor (City) (Village) (Township)

(c) Name of hospital or institution: At home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Daniels (Surname) Madeline (First) Madge (Middle)

4. Date of birth April 17, 1903 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Daniels (Surname) William (First) Wallace (Middle)

10. Color or race White 11. Age at time of this birth 27 yrs.

12. Birthplace Marion (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business same

MOTHER OF CHILD

15. Full maiden name Belle, (Surname) Susan (First) Anna (Middle)

16. Color or race White 17. Age at time of this birth 23 yrs.

18. Birthplace Marion (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Jenkins, deceased

Address Broadway, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Edith May Fleck

Case No. A-108

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 5yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris
(City) (Village) (Township)

(d) Street No.

3. Full name of child Fleck (Surname) Edith (First) May (Middle)

4. Date of birth 8/30/1900 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fleck (Surname) Charles (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 42 yrs.

12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business Building

MOTHER OF CHILD

15. Full maiden name Prickett (Surname) Ida (First) May (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Londonderry (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

22. Attending Physician or Midwife:
Name Dr. A. B. Swisher
Address Marysville, Ohio
M. D., midwife, or other

21. Children born to this mother before this birth: 2
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Edith May Fleck *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Edith May Fleck *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 7th *day of* February *19* 42.

Alnet Mayer, Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Margaret Ford, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Margaret Ford

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* February *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Chas. E. Ford, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles D. Ford

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* February *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Edith May Fleck

February 7th. *19* 42

Case No. A-108 ✓

ORDER FOR HEARING

This day Edith May Fleck *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Edith May Fleck

Probate Court, Union **County, Ohio**

Feb. 7 *19* 42

Case No. A-108

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edith May Fleck

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Margaret Ford and Chas. D. Ford, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 5 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Fleck (Surname) Edith (First) May (Middle)

4. Date of birth 8/30/1900 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fleck (Surname) Charles (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 42 yrs.

12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Prickett (Surname) Ida (First) May (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Londonderry, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother: 2

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. A. B. Swisher

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the Birth Record *of* Howard M. Liggett

Case No. A-110

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Akron, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ~~(City)~~ Marysville (Village) ~~(Township)~~

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution x In this community 30 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ~~(City)~~ Marysville (Village) ~~(Township)~~

(d) Street No. East 4th Street

3. Full name of child Liggett (Surname) Howard (First) Mathew (Middle)

4. Date of birth Aug. 4, 1898 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Liggett (Surname) Charles (First) (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Laborer

14. Industry or business lumber yard

MOTHER OF CHILD

15. Full maiden name Kennedy (Surname) Mary (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?

(b) How many other children were born alive but were then dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name Dr. Swisher

Address Marysville, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not correct, being recorded as Herman M. Liggett when in fact it should have been recorded as Howard Mathew Liggett, in Vol. 3, p. 124, No. 179 of the birth records

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Howard Mathew Liggett *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Howard Mathew Liggett *Applicant*

P. O. Address 87 Neptune Ave., Akron, Ohio

Sworn to before me and signed in my presence this 9th *day of* February *19*42.

Helen Hawke

(Seal) Notary Public. My commission exp. Apr. 4, 1944 (Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of *of*

The State of Ohio, **County, ss.**

I, *, do hereby certify that I was the physician in attendance at the birth of* *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Marie Henderson, a sister *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Marie Henderson

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* February *19*42.

Helen Hawke

(Seal) Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Carrie Hornbeck, not related to applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carrie Hornbeck

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* February *19*42.

John W. Dailey

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record *of* Howard Mathew Liggett

February 9 *19*42

Case No. A-110

ORDER FOR HEARING

This day Howard Mathew Liggett *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and notice of said hearing is hereby dispensed with

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Howard Mathew Liggett

Probate Court, Union **County, Ohio**

February 9 *19*42

Case No. A-110

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Howard Mathew Liggett *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio, at Marysville, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two credible persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution x In this community 30 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. East Fourth Street

3. Full name of child Liggett (Surname) Howard (First) Mathew (Middle)

4. Date of birth Aug. 4, 1898 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d x

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Liggett, (Surname) Charles (First) (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business lumber yard

MOTHER OF CHILD

15. Full maiden name Kennedy, (Surname) Mary (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name Dr. Swisher

Address Marysville, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: in that the name of Herman M. Liggett as now shown on said record be corrected to the name of Howard Mathew Liggett, as recorded in Vol. 3 page 124 No. 179 of the birth records,

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of

19

Case No.

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by ; that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution: (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Glen Hines

Case No. A-111

APPLICATION

Your applicant respectfully represents that he *was born in* Meigs *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Meigs

(b) ~~City~~ ~~Village~~ Bedford (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 18 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ~~City~~ ~~Village~~ Bedford (Township)

(d) Street No. _____

3. Full name of child Hines (Surname) Glen (First) _____ (Middle)

4. Date of birth Feb. 14, 1896 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d x

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hines (Surname) William (First) James (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Meigs County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Beel (Surname) Ida (First) Mae (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Meigs County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. H. C. Day
Address Harrisonville, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Glen Hines *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Glen Hines *Applicant*

P. O. Address R. # 1, Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* February *19* 42.

Helen Hawke

(Seal) Notary Public. My commission expires Ap. 4/44
(Official Title)

AFFIDAVIT

Probate Court, _____ County, Ohio

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, F. A. Reinwald, not related to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

F. A. Reinwald

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* February *19*42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Robert Mayhugh, not related to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Robert Mayhugh

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* February *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth
of Glen Hines

February 9 1942

Case No. A-111

ORDER FOR HEARING

This day Glen Hines *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with,

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Glen Hines

Probate Court, Union **County, Ohio**

February 9 *19*42

Case No. A-111

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Glen Hines

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of F. A. Reinwald and Robert Mayhugh, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Meigs

(b) ~~(City)~~ ~~(Village)~~ Bedford (Township)

(c) Name of hospital or institution:

none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution x In this community 18 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Meigs

(c) ~~(City)~~ ~~(Village)~~ Bedford (Township)

(d) Street No. _____

3. Full name of child Hines (Surname) Glen (First) _____ (Middle)

4. Date of birth Feb. 14, 1896 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d x

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hines, (Surname) William (First) James (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Meigs County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Beel (Surname) Ida (First) Mae (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Meigs County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. H. C. Day

Address Harrisonville, Ohio

_____

M. D., midwife, or other M.D. Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Ralph Ellsworth Gamble

Case No. A-112

APPLICATION

Your applicant respectfully represents that he *was born in* Delaware *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Delaware

(b) ____ Scioto Township
(City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 19 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Delaware

(c) ____ Scioto Township
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Gamble (Surname) Ralph (First) Ellsworth (Middle)

4. Date of birth Apr. 10, 1912 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gamble, (Surname) Hugh (First) Ellsworth (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Dover Township (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farm laborer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Pounds, (Surname) Ethel (First) Florence (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Scioto Township, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Weller

Address Ostrander, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Ralph Ellsworth Gamble *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ralph Ellsworth Gamble *Applicant*

P. O. Address 555 East Sixth Street, Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* February *19* 42.

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mollie Decker, aunt of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mollie Decker

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 9th *day of* February *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ray Decker, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ray Decker

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 9th *day of* February *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Ralph Ellsworth Gamble

February 9 *19* 42

Case No. A-112 ✓

ORDER FOR HEARING

This day Ralph Ellsworth Gamble *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ralph Ellsworth Gamble

Probate Court, Union **County, Ohio**

February 9 *19*42

Case No. A-112

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ralph Ellsworth Gamble

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Mollie Decker and Ray Decker, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Delaware

(b) Scioto Township (City) (Village) (Township)

(c) Name of hospital or institution:

home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 19 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Delaware

(c) Scioto Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Gamble (Surname) Ralph (First) Ellsworth (Middle)

4. Date of birth Apr. 10, 1912 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gamble, Hugh Ellsworth (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Dover Township (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farm laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Pounds, Ethel Florence (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Scioto Township, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

22. Attending Physician or Midwife

Name Dr. Weller

Address Ostrander, Ohio

_____

M. D., midwife, or other _____ Date signed _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Case No. A-114

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Homer Clinton McDowell

Case No. A-1332

APPLICATION

Your applicant respectfully represents that he *was born in* _____ *County, Ohio; that* _____ *now resides in* _____; *and that the following are the available facts with relation to* _____ *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? _____

(b) How many other children were born alive but were then dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of _____ *birth* _____

Your applicant hereby makes application for an order of the Court, directing _____, *as provided by law.*

_____ *Applicant*

The State of Ohio, _____ **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as _____ *verily believes.*

_____ *Applicant*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

Probate Court, _____ **County, Ohio**

In the Matter of the _____

of _____

_____ *19____*

Case No. 114

ORDER FOR HEARING

This day _____ *appeared in open court and filed an application for the* _____.

It is ordered that hearing on said application _____

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ _____ *Probate Judge.*

Our No. A-114

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Homer Clinton McDowell

Probate Court, Summit **County, Ohio**

January 22 *19* 42

Case No. A-1332

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Homer Clinton McDowell *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Vincent Zurz, Special Master Commissioner appointed by the Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit and testimony of applicant, along with clear and convincing documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 18 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome (City) (Village) (Township)

(d) Street No. ____

3. Full name of child McDOWELL (Surname) HOMER (First) CLINTON (Middle)

4. Date of birth 7-14-1888 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: twin; If so—born 1st, 2d, or 3d: first

7. Number months of pregnancy: nine

8. Mother married? yes

FATHER OF CHILD

9. Full name McDowell, (Surname) Newton (First) Laughead (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Wright, (Surname) Jennie (First) Ann (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace near Wheeling, (City, town, or county) West Virginia (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother: four

(a) How many other children of this mother are now living? four

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. John Herriott

Address Jerome, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the true and correct name of said applicant is "Homer Clinton McDowell" - his first and middle names having previously been omitted from his birth record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) Dean F. May *Probate Judge.*

(See page 206-C for certification)

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

No. A-115

Probate Court,_____County, Ohio

In the Matter of the Correction of Birth Record

of Kelton Wright McDowell

*Case No.*_____

APPLICATION

Your applicant respectfully represents that_____was born in_____County, Ohio; that_____now resides in _____; and that the following are the available facts with relation to_____birth as of the date of delivery:

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____
Surname First Middle

4. Date of birth_____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business_____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?_____

(b) How many other children were born alive but were then dead?_____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of_____birth _____

Your applicant hereby makes application for an order of the Court, directing_____, as provided by law.

_____ *Applicant*

The State of Ohio,_____County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as_____verily believes.

_____ *Applicant*

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____
(Official Title)

AFFIDAVIT

Probate Court,_____County, Ohio

*In the Matter of*_____

of _____

The State of Ohio,_____County, ss.

I, _____, *do hereby certify that I was the physician in attendance at the birth of*_____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____
(Official Title)

The State of Ohio,_____County, ss.

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____
(Official Title)

The State of Ohio,_____County, ss.

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____
(Official Title)

Probate Court,_____County, Ohio

*In the Matter of the*_____

of _____

_____*19____*

Case No. 115

ORDER FOR HEARING

This day _____*appeared in open court and filed an application for the* _____.

*It is ordered that hearing on said application*_____

*It is further ordered by The Court that*_____*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page_____ _____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Kelton Wright McDowell

Probate Court, Summit County, Ohio

January 22 1942

Case No. A-1333

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Kelton Wright McDowell *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Vincent Zurz, Special Master Commissioner appointed by the Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit and testimony of applicant, along with clear and convincing documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution In this community 18 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome (City) (Village) (Township)

(d) Street No.

3. Full name of child McDOWELL, (Surname) KELTON (First) WRIGHT (Middle)

4. Date of birth 7-14-1888 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet twin If so—born 1st, 2d, or 3d second

7. Number months of pregnancy nine

8. Mother married? YES

FATHER OF CHILD

9. Full name McDowell, (Surname) Newton (First) Laughead (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Wright, (Surname) Jennie (First) Ann (Middle)

16. Color or race white 17. Age at time of this birth 56 yrs.

18. Birthplace near Wheeling, (City, town, or county) West Virginia (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother: four

(a) How many other children of this mother are now living? four

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. John Herriott

Address Jerome, Ohio

M. D., midwife, or other

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the true and correct of said applicant is "Kelton Wright McDowell" - his first and middle names having previously been omitted from his birth record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Dean F. May *Probate Judge.*

(For certification see page 206-C)

JOURNAL ENTRY

BARRETT—656-D

Probate Court, County, Ohio

In the Matter of the REGISTRATION OF BIRTH

19

Case No.

of

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.* *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* *; that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of William Walter Lake

Case No. A-116

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* El Paso, Texas *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) Claibourne (Village) (Township)

(c) Name of hospital or institution: 120 West Ottawa St. (home)
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution 0 In this community 34 years.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) Claibourne (Village) (Township)

(d) Street No. 120 West Ottawa St.

3. Full name of child Lake (Surname) William (First) Walter (Middle)

4. Date of birth June 8, 1891 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Lake, (Surname) John (First) (none) (Middle)

10. Color or race White 11. Age at time of this birth 45 yrs.

12. Birthplace Delaware County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business own farm

MOTHER OF CHILD

15. Full maiden name Biddle (Surname) Ellen (First) Maria (Middle)

16. Color or race White 17. Age at time of this birth 38 yrs.

18. Birthplace Columbus (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business own home

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?

(b) How many other children were born alive but were then dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name B. P. Hall

Address 110 South Franklin St., Richwood, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

William Walter Lake *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Walter Lake *Applicant*

P. O. Address Box 400, R.F.D. # 1, El Paso, Texas

Sworn to before me and signed in my presence this 24th *day of* February *19* 42.

Maurine S. Jewell

(Seal) Notary Public, El Paso County, Texas
(Official Title)

AFFIDAVIT

Probate Court, **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Olive D. Sinkey, life long resident of Union Co. Ohio, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Olive D. Sinkey

P. O. Address 200 W. Bomford St. Richwood, O.

Sworn to before me and signed in my presence this 27 *day of* February *19* 42.

Gladys L. Cheney

(Seal) Notary Public, Union Co.
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary E. Lake, sister of William Walter Lake, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary E. Lake

P. O. Address R. D. # 3, Richwood, Ohio

Sworn to before me and signed in my presence this 27 *day of* February *19* 42.

Gladys L. Cheney

(Seal) Notary Public, Union Co. Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of William Walter Lake

Feb. 28 *19* 42

Case No. A-116 ✓

ORDER FOR HEARING

This day William Walter Lake *appeared in open court and filed an application for the* registration of his birth .

It is ordered that hearing on said application be assigned for hearing on the 15th day of April, 1942.

It is further ordered by The Court that Harold L. Simms, 1401 First National Bank Bldg. El Paso, Texas *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page 378-B (Seal) John W. Dailey *Probate Judge.*

DEPOSITION

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of William Walter Lake

April 15 *19*42

Case No. A-116

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Walter Lake

for an order of The Court directing the registration of his *birth.*

Harold L. Simms, Special Master Commission *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Mary E. Lake and Anna Hastings, credible witnesses and the affidavit of Olive D. Sirtey; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood, Claibourne Twp. (City) (Village) (Township)

(c) Name of hospital or institution:

120 West Ottawa St., home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution 0 In this community 34 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, Claibourne Twp. (City) (Village) (Township)

(d) Street No. 120 West Ottawa St.

3. Full name of child Lake (Surname) William (First) Walter (Middle)

4. Date of birth June 8, 1891 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Lake, (Surname) John (First) --- (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Delaware County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business own farm

MOTHER OF CHILD

15. Full maiden name Biddle (Surname) Ellen (First) Maria (Middle)

16. Color or race white 17. Age at time of this birth 38 yrs.

18. Birthplace Columbus (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business own home

22. Attending Physician or Midwife

Name B. P. Hall

Address 110 South Franklin St.

Richwood, Ohio

M. D., midwife, or other M.D. Date signed_____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Elton Carl Ebright

Case No. A-117

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Ohio

(b) Milford Center, Union
(City) (Village) (Township)

(c) Name of hospital or institution: James Coe farm
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 1½ yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Elton Ebright Ebright Elton Carl
Surname First Middle

4. Date of birth 7/7/1908
(Month) (Day) (Year)

5. Sex M

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ebright James Hoadley
Surname First Middle

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Bice Mary Catherine
Surname First Middle

16. Color or race white 17. Age at time of this birth 17 yrs.

18. Birthplace Franklin (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business 0

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Wells
Address Milford Center, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth, *as provided by law.*

Elton Carl Ebright *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Elton Carl Ebright *Applicant*

P. O. Address 521 Chestnut St. Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* February *19* 42.

William L. Coleman
Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, James Hoadley Ebright, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

James Hoadley Ebright

P. O. Address R#2. Marysville, Ohio

Sworn to before me and signed in my presence this 14 *day of* Feb. *19* 42.

William L. Coleman
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Catherine Ebright, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary Catherine Ebright

P. O. Address R#2 Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* Feb. *19* 42

William L. Coleman.
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Elton Carl Ebright

19 ____

Case No. 117

ORDER FOR HEARING

This day Elton Carl Ebright *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.* / / /

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Elton Carl Ebright

Probate Court, Union **County, Ohio**

February 14th *19* 42

Case No. A117

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Elton Carl Ebright

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of James Hoadley Ebright and Mary Catherine Ebright, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center (City) Union (Village) (Township)

(c) Name of hospital or institution: James Coe farm

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 1½ yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) R#2 (City) Millcreek (Village) (Township)

(d) Street No. _____

3. Full name of child Ebright (Surname) Elton (First) Carl (Middle)

4. Date of birth 7/7/1908 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ebright (Surname) James (First) Hoadley (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Bice (Surname) Mary Catherine (First Middle)

16. Color or race white 17. Age at time of this birth 17 yrs.

18. Birthplace Franklin (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 1

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Bell

Address Milford Center, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

225

Lilienthal & Sons, Cambridge, O. — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court,_____County, Ohio

*In the Matter of the*_____

of _____

*Case No.*_____

APPLICATION

*Your applicant respectfully represents that*_____*was born in*_____*County, Ohio; that*_____*now resides in*_____*; and that the following are the available facts with relation to*_____*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____
Surname First Middle

4. Date of birth_____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business_____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?_____

(b) How many other children were born alive but were then dead?_____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

*Your applicant further represents that the registration of*_____*birth* _____

*Your applicant hereby makes application for an order of the Court, directing*_____*, as provided by law.*

_____ *Applicant*

The State of Ohio,_____County.

*The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as*_____*verily believes.*

_____ *Applicant*

*P. O. Address*_____

*Sworn to before me and signed in my presence this*_____*day of*_____*19____.*

_____

_____
(Official Title)

AFFIDAVIT

Probate Court,_____County, Ohio

*In the Matter of*_____

of _____

The State of Ohio,_____County, ss.

I, _____*, do hereby certify that I was the physician in attendance at the birth of*_____*, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____*Attending Physician*

*P. O. Address*_____

*Sworn to before me and signed in my presence this*_____*day of*_____*19____.*

_____

_____
(Official Title)

The State of Ohio,_____County, ss.

I, _____*, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

*P. O. Address*_____

*Sworn to before me and signed in my presence this*_____*day of*_____*19____.*

_____

_____
(Official Title)

The State of Ohio,_____County, ss.

I, _____*, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

*P. O. Address*_____

*Sworn to before me and signed in my presence this*_____*day of*_____*19____.*

_____

_____
(Official Title)

Probate Court,_____County, Ohio

*In the Matter of the*_____

of _____

_____*19____*

Case No. 118

ORDER FOR HEARING

This day _____*appeared in open court and filed an application for the* _____.

*It is ordered that hearing on said application*_____

*It is further ordered by The Court that*_____*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page_____ _____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Fred Bryant Schoenberger

Probate Court, Lucas **County, Ohio**

February 10 *19* 42

Case No. A-118

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Fred Bryant Schoenberger *for an order of The Court correcting* _____ *birth record, as it is registered in the office of* Probate Court, Union County. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* testimony of credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ Surname First Middle

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name be changed from Elmer Fred Schoenberger to Fred Bryant Schoenberger, recorded in Vol. 3, page 184, of Births now in the office of the Probate Judge, Union County, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(signed) Chas. E. Chittenden *Probate Judge.*

(See page 206-A for Certification)

JOURNAL ENTRY

BARRETT—656-D

Probate Court, _____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

*19*____

*Case No.*_____

of _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____ *for an order of The Court directing the registration of* _____ *birth.*

_____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ Surname First Middle

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business_____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name _____

Address _____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Don Clifford Cramer

Case No. A-119

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Claibourne Twp, Union Co. Ohio, *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Cramer (Surname) Don (First) Clifford (Middle)

4. Date of birth Mar. 2, 1900 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cramer (Surname) Ernest (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Tuscarawas County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Jolliff, (Surname) Nina (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Leavenworth (City, town, or county) Kansas (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Duke

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, p. 37 of the birth records of Union County, Ohio. No first name was made of record; and the date should have been March 2, 1900, instead of March 15, 1900.

Your applicant hereby makes application for an order of the Court, directing corr. of his birth record, *as provided by law.*

Don Clifford Cramer *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Don Clifford Cramer *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 16th *day of* February *19*42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ernest Cramer, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ernest Cramer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 16 *day of* February *19*42.

Carrie W. Hornbeck

(Seal) Deputy, Probate Court
(Official Title)

The State of Ohio, Union **County, ss.**

I, Nina Jolliff Cramer, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nina Jolliff Cramer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 16 *day of* February *19*42.

Carrie W. Hornbeck

(Seal) Deputy, Probate Court
(Official Title)

Probate Court, Unioh **County, Ohio**

In the Matter of the Correction of birth record
of Don Clifford Cramer

February 16 *19*42

Case No. A-119

ORDER FOR HEARING

This day Don Clifford Cramer *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Don Clifford Cramer

Probate Court, Union **County, Ohio**

February 16 *19*42

Case No. A-119

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Don Clifford Cramer *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Cramer (Surname) Don (First) Clifford (Middle)

4. Date of birth Mar. 2, 1900 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cramer, Ernest
Surname First Middle

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Tuscarawas County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Jolliff, Nina
Surname First Middle

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Leavenworth, Kansas
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

22. Attending Physician or Midwife:
Name Dr. Duke
Address Richwood, Ohio
M. D., midwife, or other ____

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: The first name of Don Clifford Cramer was not recorded; the date of his birth was recorded as of March 15, 1900, when in truth and in fact said date of birth was March 2, 1900, in Vol. 3, page 37, No. 50.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

*19*____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____
Surname First Middle

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____
(City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____
Surname First Middle

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____
(City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

22. Attending Physician or Midwife
Name ____
Address ____
M. D., midwife, or other ____ Date signed ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____
Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Harry LeRoy Chapman

Case No. A-120

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Morral, Ohio, R.F.D.1, Marion Co. *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 7 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Chapman (Surname) Harry (First) LeRoy (Middle)

4. Date of birth April 3, 1904 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy: nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Chapman, (Surname) Horatio (First) Hamilton (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Painter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Franchk (Surname) Tony (First) P. (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace _____ (City, town, or county) France (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? two
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Wurtsbaugh
Address Richwood, Ohio
_____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Harry LeRoy Chapman *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Harry LeRoy Chapman *Applicant*

P. O. Address Morral, Ohio, R.F.D. # 1

Sworn to before me and signed in my presence this 18th *day of* February *19* 42.

Robert F. Allen

(Seal) Notary Public, Union County, Ohio, My commission expires April 7, 1943
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, Anson C. Chapman, Cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Anson C. Chapman

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 18 *day of* February *19* 42.

Carrie W. Hornbeck

(Seal) Deputy-Probate Court
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ray Slemmons, known applicant all his life-time, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ray Slemmons

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 18 *day of* February *19* 42.

Carrie W. Hornbeck

(Seal) Deputy-Probate Court
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Harry LeRoy Slemmons

February 18 *19* 42

Case No. A-120 ✓

ORDER FOR HEARING

This day Harry LeRoy Slemmons *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

February 18 *19*42

Case No. A-120

of Harry LeRoy Chapman

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harry LeRoy Chapman

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Anson C. Chapman and Ray Slemmons, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution:

At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 7 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Chapman (Surname) Harry (First) LeRoy (Middle)

4. Date of birth April 3, 1904 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Chapman (Surname) Horatio (First) Hamilton (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Painter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Franchk (Surname) Tony (First) P. (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace France (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Wurtsbaugh

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, _____ County, Ohio

In the Matter of the Registration of the birth
of Paul Monroe Erwin

Case No. A-121

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Philo, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Union
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 21yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Union
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Erwin (Surname) Paul (First) Monroe (Middle)

4. Date of birth 7/13/1912 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Erwin (Surname) Asa (First) Monroe (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Galia county (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Bennett (Surname) Clara (First) Mabel (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Wills
Address Milford Center, Ohio
_____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth, *as provided by law.*

Paul Monroe Erwin *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Paul Monroe Erwin *Applicant*

P. O. Address Philo, Ohio

Sworn to before me and signed in my presence this 25th *day of* February *19*42.

Clifton L. Caryl
Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Asa Monroe Erwin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Asa Monroe Erwin

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 25th *day of* February *19*42.

Clifton L. Caryl
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Clara Bennett Erwin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clara Bennett Erwin

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 25th *day of* February *19*42.

Cliton L. Caryl
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Paul Monroe Erwin

February 25th *19*42

Case No. 121

ORDER FOR HEARING

This day Paul Monroe Erwin *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

February 25th *19* 42

Case No. A-121

of Paul Monroe Erwin

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Paul Monroe Erwin

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Asa Monroe Erwin and Clara Bennett Erwin, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Union (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 21yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Union (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Erwin (Surname) Paul (First) Monroe (Middle)

4. Date of birth 7/13/1912 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Erwin (Surname) Asa (First) Monroe (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Gallia County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Bennett, Clara Mabel (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: one

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Wills

Address Milford Center, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Bertha Iola May

Case No. A-122

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Los Angeles County, Los Angeles, California *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) a few miles out of Richwood (City) (Village) (Township)

(c) Name of hospital or institution: born in home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution none In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) a few miles from Richwood (City) (Village) (Township)

(d) Street No. none

3. Full name of child May (Surname) Bertha (First) Iola (Middle)

4. Date of birth 7-10-1906 (Month) (Day) (Year)

5. Sex girl

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name May (Surname) Samuel (First) David (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Johnston Co. Kentucky (City, town, or county) (State or foreign country)

13. Usual occupation Baptist minister

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Hammond, (Surname) Emma (First) D. (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Salyersville (City, town, or county) Kentucky (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth: three

(a) How many other children of this mother were living? two

(b) How many other children were born alive but were then dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Naomi Temple (hired girl)

Address

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Bertha Iola Young *Applicant*

The State of ~~Ohio~~, California, Los Angeles County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Bertha Iola Young *Applicant*

P. O. Address 2029 West 85 Street, Los Angeles, California

Sworn to before me and signed in my presence this 11 *day of* February *19*42.

Max Bradley

(Seal) Notary Public (Official Title)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of

of

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of ~~Ohio~~, Washington, King County, ss.

I, Laura E. Hollis, Aunt *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Laura E. Hollis

P. O. Address 1454 E. Harrison, Seattle, Wash.

Sworn to before me and signed in my presence this 5 *day of* February *19*42.

Bertha A. Zemmer

(Seal) Notary Public (Official Title)

The State of ~~Ohio~~, California, Los Angeles County, ss.

I, Hazel Rickabaugh, sister *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Hazel Rickabaugh

P. O. Address 15349 Ainsworth St. Gardena, Calif.

Sworn to before me and signed in my presence this 11 *day of* February *19*42.

Max Bradley

(Seal) Notary Public (Official Title)

Probate Court, Union County, Ohio

February 24 *19*42

In the Matter of the registration of birth

of Bertha Iola May

Case No. A-122 ✓

ORDER FOR HEARING

This day Bertha Iola May *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be dontinued.

It is further ordered by The Court that Robert W. Kenney, 229 N. Broadway, Los Angeles, *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

DEPOSITION

~~XXXXXXXXXXXXXXX~~ RECORDED Page 206-B

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

May 7 *19*42

Case No. A-122

of Bertha Iola May

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bertha Iola May

for an order of The Court directing the registration of her *birth.*

Robert W. Kenny, the Special Master Commissioner appointed by the Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* dispensed with

_____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) near Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

at family residence (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community unknown (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) near Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child May (Surname) Bertha (First) Iola (Middle)

4. Date of birth 7-10-1906 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name May, (Surname) Samuel (First) David (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Johnston County, Kentucky (City, town, or county) (State or foreign country)

13. Usual occupation Baptist minister

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Hammond, (Surname) Emma (First) Dalene (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Salyersville, Kentucky (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Naomi Temple (hired servant)

Address unknown

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Olga Kane

Case No. A-123

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Paris
(City) (Village) (Township)
(d) Street No. 321 So. Oak St.

3. Full name of child Kane (Surname) Olga (First) (Middle)

4. Date of birth 12/20/1895 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Kane (Surname) John (First) (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Hunt (Surname) Laura (First) (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Mechanicsburg, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth: 3
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. John Q. Southard
Address Marysville, Ohio
M. D., midwife, or other

Your applicant further represents that the registration of her *birth* has not been properly recorded
Your applicant hereby makes application for an order of the Court, directing the correction of record *as provided by law.*

Olga Kane *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Olga Kane *Applicant*
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* February *19* 42.

William J. Porter
Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Elizabeth Fensel *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Elizabeth Fensel
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* February *19* 42

William J. Porter
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Nellie Rathburn *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nellie A. Rathburn
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25 *day of* Feb *19* 42.

William J. Porter
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of Birth Record
of Olga Kane

February 25th *19* 42

Case No. A-123 ✓

ORDER FOR HEARING

This day Olga Kane *appeared in open court and filed an application for the* correction of her birth record .

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that , *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Olga Kane

Probate Court, Union **County, Ohio**

February 25th *19* 42

Case No. A-123

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Olga Kane *for an order of The Court correcting* her *birth record, as it is registered in the office of* The Probate Court of Union County The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, (City) Paris (Township) (Village)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, (City) Paris (Township) (Village)

(d) Street No. 321 South Oak St

3. Full name of child Olga (First) Kane (Surname) (Middle)

4. Date of birth 12/20/1895 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Kane (Surname) John (First) (Middle)

10. Color or race white 11. Age at time of this birth ____ yrs.

12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Hunt (Surname) Laura (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Mechanicsburg, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother: 3

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. John Q. Southard

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That Olga Kane was born December 20th 1895, and that her name is not Ologa Kane, and that she was not born July 18th 1895. Vol.3 page 113-Probate Court, Union County, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Harry Jennings

Case No. A- 124

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Brooklyn, Michigan *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 25 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington
(City) (Village) (Township)

(d) Street No.

3. Full name of child Jennings (Surname) Harry (First) (Middle)

4. Date of birth 9/11/1890 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Jennings (Surname) John (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation lumberman

14. Industry or business lumber mill

MOTHER OF CHILD

15. Full maiden name Hiser, Sarah Frances (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Franklin Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? two
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Martin
Address Byhalia, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration *, as provided by law.*

Harry Jennings *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Harry Jennings *Applicant*

P. O. Address RD#2 Brooklyn, Michigan

Sworn to before me and signed in my presence this 25 *day of* Feb *19* 42.

Helen Hawke

Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, *, do hereby certify that I was the physician in attendance at the birth of* *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Clifton Logan *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clifton Logan

P. O. Address R#1 West Mansfield, Ohio

Sworn to before me and signed in my presence this 25 *day of* Feb *19* 42.

Helen Hawke

Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Coy D. Bailey *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Coy D. Bailey

P. O. Address 209 N. Main St. Marysville, Ohio

Sworn to before me and signed in my presence this 25 *day of* Feb. *19* 42.

Helen Hawke

Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth
of Harry Jennings

19 ____

Case No. 124

ORDER FOR HEARING

This day Harry Jennings *appeared in open court and filed an application for the* registration of his birth .

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Harry Jennings

Probate Court, Union **County, Ohio**

February 25 *19* 42

Case No. A-124

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harry Jennings

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Clifton Logan and Coy D. Bailey two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 25yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Jennings (Surname) Harry (First) _____ (Middle)

4. Date of birth 9/11/1890 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Jennings (Surname) John Henry (First) (Middle)

10. Color or race White 11. Age at time of this birth 35 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation lumberman

14. Industry or business lumber mill

MOTHER OF CHILD

15. Full maiden name Hiser (Surname) Sarah (First) Frances (Middle)

16. Color or race White 17. Age at time of this birth 28 yrs.

18. Birthplace Franklin (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Martin

Address Byhalia, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O.

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of William Howard Reid.

Case No. A-125

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 2376 Portland St. Los Angeles, Calif. *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) outside Milford Center, Howardtown
(City) (Village) (Township)

(c) Name of hospital or institution:
at home-private residence
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community unknown
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Reid (Surname) William (First) Howard (Middle)

4. Date of birth Aug. 27, 1880 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Reid (Surname) Francis (First) Marion (Middle)

10. Color or race white 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation carpenter

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Ester, (Surname) Louisa (First) (Middle)

16. Color or race white 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth: one

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name ____

Address ____

____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

2376 Portland St.
Los Angeles, Cal.

William Howard Reid *Applicant*

The State of Ohio, California, Los Angeles **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Howard Reid *Applicant*

P. O. Address Los Angeles, Cal.

Sworn to before me and signed in my presence this 24th *day of* February *19* 42.

Lena Halsen

(Seal) Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Nick Stiffler, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nick Stiffler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 18 *day of* March *19* 42.

John W. Dailey

(Seal) Probate Judge, Union County, Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, D. E. Beightler, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

D. E. Beightler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 18 *day of* March *19* 42.

John W. Dailey

(Seal) Probate Judge Union County, Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of William Howard Reid

February 27 *19* 42

Case No. A-125

ORDER FOR HEARING

This day Clifton L. Caryl *appeared in open court and filed an application for the* registration of birth of William Howard Reid.

It is ordered that hearing on said application be had on the 18th day of March, 1942

It is further ordered by The Court that Robert W. Kenny, 229 N. Broadway, Los Angeles, *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

XXXX

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

March 18 *19*42

Case No. A-125

of William Howard Reid

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Howard Reid

for an order of The Court directing the registration of his *birth.*

Robert W. Kenny, Master Commissioner appointed by the Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Nick Stiffler and D. E. Beightler, credible witnesses, in open Court; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) outside Milford Center-Howardtown (City) (Village) (Township)

(c) Name of hospital or institution:

at home-private residence (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community unknown (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) unknown (City) (Village) (Township)

(d) Street No. unknown

3. Full name of child Reid (Surname) William (First) Howard (Middle)

4. Date of birth Aug. 27, 1880 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Reid (Surname) Francis (First) Marion (Middle)

10. Color or race white 11. Age at time of this birth _____ yrs.

12. Birthplace unknown (City, town, or county) U.S.A. (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Ester, (Surname) Louisa (First) (Middle)

16. Color or race white 17. Age at time of this birth _____ yrs.

18. Birthplace unknown (City, town, or county) U.S.A. (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name unknown

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Lorenzo Dow Hobart

Case No. A-126

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richland County, Mansfield, Ohio *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 24 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township
(City) (Village) (Township)

(d) Street No.

3. Full name of child Hobart (Surname) Lorenzo (First) Dow (Middle)

4. Date of birth May 17, 1903 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hobart, (Surname) William (First) Sylvester (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Thompson, (Surname) Hattie (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name T. P. Shields

Address Marysville, RFD # 2

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Lorenzo Dow Hobart *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Lorenzo Dow Hobart *Applicant*

34 North Adams St. *P. O. Address* Mansfield, Ohio

Sworn to before me and signed in my presence this 28 *day of* February *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, *, do hereby certify that I was the physician in attendance at the birth of* *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Harve Ebright *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Harve Ebright

P. O. Address RFD # 2, Marysville, Ohio

Sworn to before me and signed in my presence this 28 *day of* February *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Marion Andrews *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Marion Andrews

P. O. Address Marysville, Ohio, General Delivery

Sworn to before me and signed in my presence this 28 *day of* February *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Lorenzo Dow Hobart

February 28 1942

Case No. A-126

ORDER FOR HEARING

This day Lorenzo Dow Hobart *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lorenzo Dow Hobart

Probate Court, Union **County, Ohio**

February 28 *19* 42

Case No. A-126

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lorenzo Dow Hobart

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Harvey Ebright and Marion Andrews, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 24 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Hobart (Surname) Lorenzo (First) Dow (Middle)

4. Date of birth May 17, 1903 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hobart, William Sylvester (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Thompson, Hattie (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name T. P. Shields

Address Marysville, R. F. D. # 2

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of James Edgar Robinson

Case No. A-127

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Dayton, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, (City) Ohio, (Village) Paris (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, (City) Ohio (Village) (Township)

(d) Street No. _____

3. Full name of child James Edgar Robinson
Surname First Middle

4. Date of birth March 17, 1903
(Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name James Edgar Robinson
Surname First Middle

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Lawyer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Lula Dell Flickinger
Surname First Middle

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Richwood, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth: three

(a) How many other children of this mother were living? three

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name C. A. Hoopes
Address Marysville, Ohio

M. D., midwife, or other _____

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

James Edgar Robinson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

James Edgar Robinson *Applicant*

P. O. Address 27 Bish, Dayton, Ohio

Sworn to before me and signed in my presence this 2 *day of* March *19* 42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

AFFIDAVIT Probate Court, _____ County, Ohio

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, C. A. Hoopes, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

C. A. Hoopes

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* March *19* 42.

John W. Dailey,

(Seal) P.J.
(Official Title)

The State of Ohio, Union **County, ss.**

I, Carrie W. Hornbeck, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carrie W. Hornbeck

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* March *19* 42.

John W. Dailey

(Seal) P.J.
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of James E. Robinson

March 2 *19* 42

Case No. A-127

ORDER FOR HEARING

This day James Edgar Robinson *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of James E. Robinson

Probate Court, Union **County, Ohio**

March 2 *19*42

Case No. A-127

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James E. Robinson

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of C. A. Hoopes and Carrie Hornbeck, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, (City) Ohio (Village) Paris (Township)

(c) Name of hospital or institution:

at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution no In this community life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Ohio (City) (Village) (Township)

(d) Street No. _____

3. Full name of child James Edgar Robinson (Surname) (First) (Middle)

4. Date of birth March 17, 1903 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name James Edgar Robinson (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Lawyer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Lula Dell Flickinger (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Richwood, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: three

(a) How many other children of this mother are now living? three

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name C. W. Hoopes

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of birth

of Clarence Gail Harvey

Case No. A-128

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Davenport, Washington; *and that the following are the available facts with relation to* birth *as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) (City) York Township (Village) (Township)

(c) Name of hospital or institution: Home 3 miles east of West Mansfield
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community Since 1882
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) (City) York Township (Village) (Township)

(d) Street No. ____

3. Full name of child Harvey (Surname) Clarence (First) Gail (Middle)

4. Date of birth April 15, 1886 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? 1882

FATHER OF CHILD

9. Full name Harvey (Surname) Lanson (First) Bettis (Middle)

10. Color or race White 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Civil Engineer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Keller (Surname) Emily (First) Francis (Middle)

16. Color or race White 17. Age at time of this birth 24 yrs.

18. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Plottner

Address West Mansfield

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly recorded in Vol. 2 page 93 of the Records of Births, Union County, Ohio, in that his first and middle name were not recorded and his last name was misspelled; that the actual recordation shows applicant name to be "Harvy, Not named"

Your applicant hereby makes application for an order of the Court, directing ____, *as provided by law.*

Clarenc e Gail Harvey *Applicant*

The State of Ohio, Washington, Lincoln **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Clarenc e Gail Harvey *Applicant*

P. O. Address Davenport Washington

Sworn to before me and signed in my presence this 24 *day of* February *19* 42

Fred G. Campbell,

(Seal) Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** Union **County, Ohio**

In the Matter of Correction of birth

of Clarence Gail Harvey

The State of Ohio, Logan **County, ss.**

I, F.G.Plotner, *do hereby certify that I was the physician in attendance at the birth of* Clarence Gail Harvey, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

G.F.Plotner,M.D *Attending Physician*

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 2 *day of* March *19* 42

Dora Mae Cook, Notary Public

(Official Title)

The State of Ohio, Logan **County, ss.**

I, Edward P. Harvey, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edward P. Harvey

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 2 *day of* March *19* 42.

Dora Mae Cook, Notary Public.

(Official Title)

The State of Ohio, Logan **County, ss.**

I, Howard H. Harvey, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Howard H. Harvey

P. O. Address East Liberty, Ohio

Sworn to before me and signed in my presence this 2 *day of* March *19* 42.

Dora Mae Cook, Notary Public.

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth

of Clarence Gail Harvey

March 2, 1942

Case No. A-128

ORDER FOR HEARING

This day ____ *appeared in open court and filed an application for the* correction of birth of Clarence Gail Harvey birth record.

It is ordered that hearing on said application be had forthwith and notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. ____ailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Clarence Gail Harvey

Probate Court, Union **County, Ohio**

March 2, *19* 42

Case No. A-128

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Clarence Gail Harvey *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County Probate Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of the physician in attendance and the testimony of Edward P. Harvey and Howard H. Harvey, credible witnesses *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York Township (City) (Village) (Township)

(c) Name of hospital or institution: Home 3 miles east of WestbMansfield (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community Since 1882 (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Harvey (Surname) Clarence (First) Gail (Middle)

4. Date of birth April 15, 1886 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? 1882

FATHER OF CHILD

9. Full name Harvey, Lanson Bettis (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Civil Engineer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Keller, Emily Francis (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Logan County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Plottner

Address West Mansfield

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the first and middle names of the applicant be recorded and the spelling of the last name be "Harvey" instead of "Harvy" as it appears in Vol. 2 page 93 of the Birth Records of this Court.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Stuart LeRoy Larcomb

Case No. A-129

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Ostrander, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Millcreek
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Ostrander
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Larcomb (Surname) Stuart (First) Leroy (Middle)

4. Date of birth 8/12/1909 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Larcomb (Surname) Leroy (First) R (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Upper Sandusky, Wyandotte, Co. Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation farming

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Shields (Surname) Virginia (First) Vaden (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth: 0

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. D. C. Fay

Address Ostrander, Ohio

M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Stuart Leroy Larcomb *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Stuart Leroy Larcomb *Applicant*

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 14th *day of* March *19* 42.

William J. Porter

Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ——— **County, Ohio**

In the Matter of ———

of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19* ———.

———
(Official Title)

The State of Ohio, Union **County, ss.**

I, Virginia Vaden Larcomb, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Virginia Vaden Larcomb

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 14th *day of* March *19* 42.

Carrie W. Hornbeck

Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Leroy Larcomb, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Leroy Larcomb

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 14th *day of* March *19* 42.

Carrie W. Hornbeck

Probate Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth

of Stuart Leroy Larcomb

March 14th *19* 42

Case No. A-129

ORDER FOR HEARING

This day Stuart Leroy Larcomb *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Stuart Leroy Larcomb

Probate Court, Union **County, Ohio**

March 14 *19* 42

Case No. A9129

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Stuart Leroy Larcomb

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Virginia Vaden Larcomb and Leroy R. Larcomb, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Ostrander (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Larcomb (Surname) STuart (First) Leroy (Middle)

4. Date of birth 8/12/1909 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Larcomb (Surname) Leroy (First) R. (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Wyandotte County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Shields (Surname) Virginia (First) Vaden (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: one

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. D.C. Fay

Address Ostrander, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Edna G. Figley

Case No. A-130

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* York Twp, Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union County

(b) Liberty Township, Ohio
(City) (Village) (Township)

(c) Name of hospital or institution:
Liberty Township, Union County, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 25 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Liberty Township, Union County, Ohio

(b) County Union

(c) Liberty Township, Ohio
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Figley (Surname) Edna (First) G. (Middle)

4. Date of birth 3/23/1886 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Figley, (Surname) William (First) Eldridge (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Tuscarawas County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Green, (Surname) Mary (First) DeVilla (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Liberty Township, Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother before this birth: none
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. J. C. Wright (deceased)
Address Liberty Township, Union County, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded G. Figley's birth
Your applicant hereby makes application for an order of the Court, directing the registration of Edna G. Figley *, as provided by law.*

Edna G. Figley *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Edna G. Figley *Applicant*

P. O. Address R.F.D.#1, West Mansfield, Ohio

Sworn to before me and signed in my presence this 2nd *day of* March *19*42.

William J. Porter
Notary Public, Union County, Ohio. Commission expires Jan. 16, 1943
(Official Title) (Seal)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Richard L. Cameron, none, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Richard L. Cameron

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* March *19*42.

Carrie W. Hornbeck
(Seal) Deputy, Probate Court
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Mary Williams, none, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Mary Williams

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* March *19*42.

Carrie W. Hornbeck
(Seal) Deputy, Probate Court
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Edna G. Figley

March 2 *19*42

Case No. A-130 ✓

ORDER FOR HEARING

This day Edna G. Figley *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court, that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Edna G. Figley

Probate Court, Union **County, Ohio**

March 2 *19*42

Case No. A-130

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edna G. Figley

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Richard L. Cameron and Mary Williams, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty Township, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

Liberty Township, Union County, O. (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 25 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Liberty Township, Union County, Ohio.

(b) County Union

(c) Liberty Township, Ohio (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Figley (Surname) Edna (First) G. (Middle)

4. Date of birth 3/23/1886 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Figley (Surname) William (First) Eldridge (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Tuscarawas County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Green (Surname) Mary (First) DeVilla (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Liberty Township, Union County, O. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother: none

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Doctor J. C. Wright (deceased)

Address Liberty Township, Union County, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Charles Elmo Collier

Case No. A-131

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Collier (Surname) Charles (First) Elmo (Middle)

4. Date of birth April 25, 1893 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? yes

FATHER OF CHILD

9. Full name Collier, (Surname) Winfield (First) Scott (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Shepphard, (Surname) Hannah (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Richwood, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth: four

(a) How many other children of this mother were living? three

(b) How many other children were born alive but were then dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name W. B. Duke

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Charles Elmo Collier *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles Elmo Collier *Applicant*

P. O. Address 331 S. Court St. Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* March *19* 42

Carrie W. Hornbeck

(Seal) Deputy in Probate Court
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Winfield Scott Collier, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Winfield Scott Collier

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4 *day of* March *19*42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Hannah Collier, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Hannah Collier

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4 *day of* March *19*42.

Carrie W. Hornbeck

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Charles Elmo Collier

March 4 *19*42

Case No. A-131

ORDER FOR HEARING

This day Charles Elmo Collier *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*__

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

March 4 *19* 42

Case No. A-131

of Charles Elmo Collier

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Elmo Collier

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Winfield Scott Collier and Hannah Collier, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Collier (Surname) Charles (First) Elmo (Middle)

4. Date of birth April 25, 1893 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? yes

FATHER OF CHILD

9. Full name Collier, (Surname) Winfield (First) Scott (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Shepphard, (Surname) Hannah (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: four

(a) How many other children of this mother are now living? three

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name W. B. Duke

Address Richwood, Ohio

_____

M. D., midwife, or other M.D. Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth
of Roy Emery Boggs

Case No. A-132

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* ; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) York
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood Claibourne
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Boggs (Surname) Roy (First) E (Middle)

4. Date of birth 6/8/1887 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Boggs (Surname) L. (First) E. (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Franklin, (City, town, or county) West Virginia (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Morrow (Surname) Florence (First) Luella (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union Co (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth: 0

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Wurtzbaugh
Address Richwood, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly recorded

Your applicant hereby makes application for an order of the Court, directing correction of birth record, *as provided by law.*

Roy Emery Boggs *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Roy Emery Boggs *Applicant*

P. O. Address 155 N. Franklin St. Richwood, Ohio

Sworn to before me and signed in my presence this 6th *day of* March *19*42.

Wm J. Porter

Notary Public
(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lawson E. Boggs, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lawson E. Boggs

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 6th *day of* March *19*42.

A. D. Parish

Justice of the Peace
(Official Title)

The State of Ohio, Union **County, ss.**

I, Carrie Morrow, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carrie Morrow

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 6th *day of* March *19*42.

A. D. Parrish

J. P.
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth
of Roy E. Boggs

March 9 *19*42

Case No. A-132 ✓

ORDER FOR HEARING

This day Roy E. Boggs *appeared in open court and filed an application for the* correction of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Roy E. Boggs

Probate Court, Union **County, Ohio**

March 9 *19* 42

Case No. A-132

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Roy E. Boggs *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union Co. Probate Court. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— (City) York (Village) (Township)

(c) Name of hospital or institution: ———

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community ———

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, (City) Claibourne (Village) (Township)

(d) Street No. ———

3. Full name of child Boggs (Surname) Roy (First) E. (Middle)

4. Date of birth 6/8/1887 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Boggs (Surname) Lawson (First) E. (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Franklin Co (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Morrow, (Surname) Florence (First) Luella (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union CO (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother: 1

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Wurtzbaugh

Address Richwood, Ohio

M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That the name of Perry E. Boggs be changed to that of Roy E. Boggs; and that the name of Lona A. Morrow the applicant's mother be changed to that of Florence Luella Morrow. The original certificate being filed in Vol. 3-page 11 No. 8 of the birth records.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ——— **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ———

19 ———

Case No. ———

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ——— *for an order of The Court directing the registration of* ——— *birth.*

———, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ———; *that notice of the hearing on said application has been* ———; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ———

(b) ——— (City) (Village) (Township)

(c) Name of hospital or institution: ———

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community ———

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ———

(b) County ———

(c) ——— (City) (Village) (Township)

(d) Street No. ———

3. Full name of child ——— (Surname) (First) (Middle)

4. Date of birth ——— (Month) (Day) (Year)

5. Sex ———

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy ———

8. Mother married? ———

FATHER OF CHILD

9. Full name ——— (Surname) (First) (Middle)

10. Color or race ——— 11. Age at time of this birth ——— yrs.

12. Birthplace ——— (City, town, or county) ——— (State or foreign country)

13. Usual occupation ———

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name ——— (Surname) (First) (Middle)

16. Color or race ——— 17. Age at time of this birth ——— yrs.

18. Birthplace ——— (City, town, or county) ——— (State or foreign country)

19. Usual occupation ———

20. Industry or business ———

21. Children born to this mother:

(a) How many other children of this mother are now living? ———

(b) How many other children were born alive but are now dead? ———

(c) How many children were born dead? ———

22. Attending Physician or Midwife

Name ———

Address ———

M. D., midwife, or other ——— Date signed ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

——— *Probate Judge.*

——— *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Robert Edward Lee

Case No. A-133

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio, 340 E. 11th Av. *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER: (deceased)

(a) State Ohio

(b) County Union

(c) Allen
(City) (Village) (Township)

(d) Street No.

3. Full name of child Lee (Surname) Robert (First) Edward (Middle)

4. Date of birth Dec. 5/ 1895 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Lee (Surname) H. (First) M. (Middle)

10. Color or race white 11. Age at time of this birth ____ yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Interior Decorator

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Bidwell (Surname) Mary (First) (Middle)

16. Color or race white 17. Age at time of this birth ____ yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name Dr. Wills
Address Milford Center, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, p. 123 of the birth records of Marysville, Ohio. That applicant's name is listed as Robert F. Lee when in fact it should be Robert Edward Lee, that applicant's father's name was H.M. Lee and not W. Lee.
Your applicant hereby makes application for an order of the Court, directing the corr. of his birth record *as provided by law.*

Robert Edward Lee *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Robert Edward Lee *Applicant*

P. O. Address 340 E. 11th Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 4th *day of* March *19* 42

(Seal)

William L. Coleman
William L. Coleman, Notary Public, Union Co. Ohio. Com. exp. Aug. 17/42
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Clifton L. Caryl, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clifton L. Caryl

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* March *19* 42.

(Seal)

William L. Coleman
William L. Coleman, Notary Public, Union Co. Ohio. Com. exp. August 17th, 1942
(Official Title)

The State of Ohio, Union **County, ss.**

I, Louis F. Otte, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Louis F. Otte

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* March *19* 42.

(Seal)

William L. Coleman
William L. Coleman, Notary Public, Union Co. Ohio. Com. exp. Aug. 17th, 1942
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Robert Edward Lee

March 3 *19* 42

Case No. A-133 ✓

ORDER FOR HEARING

This day Robert Edward Lee *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Robert Edward Lee

Probate Court, Union **County, Ohio**

March 4th *19* 42

Case No. A-133

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Robert Edward Lee *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Allen (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community life

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER: (deceased)

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Allen (Township)

(d) Street No. ____

3. Full name of child Lee (Surname) Robert (First) Edward (Middle)

4. Date of birth Dec. 5/ 1895 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Lee (Surname) H. (First) M. (Middle)

10. Color or race white 11. Age at time of this birth ____ yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Interior Decorator

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Bidwell (Surname) Mary (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth ____ yrs.

18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife:

Name Dr. Wills

Address Milford Center, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's name is listed as Robert F. Lee when in fact it should be Robert Edward Lee, that applicant's father's name was H. M. Lee and not W. Lee, as recorded in Vol. 3, p. 123 of the Birth Records of this county.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) ____ (Village) ____ (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) ____ (Village) ____ (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) ____ (First) ____ (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Everett Raymond Eddy

Case No. A-134

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio R. 1 *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg Township (City) (Village) (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 4 months
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Eddy (Surname) Everett (First) Raymond (Middle)

4. Date of birth July 31, 1907 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Eddy (Surname) George (First) Washington (Middle)

10. Color or race White 11. Age at time of this birth 28 yrs.

12. Birthplace Tyler County, West Va (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Davis (Surname) Beatrice (First) (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Doddridge Co. (City, town, or county) West Va (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? ____
(c) How many children were born dead? ____

22. Attending Physician or Midwife:
Name Dr. Conrad
Address Magnetic Springs, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Everett Raymond Eddy *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Everett Raymond Eddy *Applicant*

P. O. Address Marysville, Ohio, Rt. 1

Sworn to before me and signed in my presence this 5th *day of* March *19* 42.

Almet Mayer, Notary Public.
(Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, G. W. Eddy, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

G. W. Eddy

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 5th *day of* March *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, J. O. Eddy, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. O. Eddy

P. O. Address Marysville RD#1

Sworn to before me and signed in my presence this 5th *day of* March *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth
of Everett Raymond Eddy

March 5th *19* 42

Case No. A-134

ORDER FOR HEARING

This day Everett Raymond Eddy *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Everett Raymond Eddy

Probate Court, Union **County, Ohio**

March 5th *19*42

Case No. A-134

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Everett Raymond Eddy

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of G. W. Eddy, father, and J. O. Eddy, uncle, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 4 months (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Eddy (Surname) Everett (First) Raymond (Middle)

4. Date of birth 7/31/1907 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Eddy (Surname) George (First) Washington (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Tyler County, West Virginia (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Davis, Beatrice (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Doddridge County, West Virginia (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Conrad

Address Magnitic Springs, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Albert L. Connolly

Case No. A-135

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Chicago, Ill.; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 20yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Connolly (Surname) Albert (First) L. (Middle)

4. Date of birth 11/22/1886 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? ____

FATHER OF CHILD

9. Full name Connolly (Surname) Edward (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Hayes (Surname) Alta (First) ____ (Middle)

16. Color or race White 17. Age at time of this birth 27 yrs.

18. Birthplace Champaign, Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Aaron Boylan

Address Milford Center, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly recorded

Your applicant hereby makes application for an order of the Court, directing correction of his birth, *as provided by law.*

Albert L. Connolly *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Albert L. Connolly *Applicant*

P. O. Address 4943 West Huron St Chicago, Ill.

Sworn to before me and signed in my presence this 6th *day of* March *19* 42.

Helen Hawke

Notary Public (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, C. V. Connolly, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

C. V. Connolly

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* March *19*42.

Helen Hawke

Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Harvey Connolly, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Harvey Connolly

P. O. Address R#1, Peoria, Ohio

Sworn to before me and signed in my presence this 6th *day of* March *19*42.

Helen Hawke

Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record

of Albert L. Connolly

March 6th *19*42

Case No. 135

ORDER FOR HEARING

This day Albert L. Connolly *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Albert L. Connolly

Probate Court, Union **County, Ohio**

March *19*

Case No. A-135

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Albert L. Connolly *for an order of The Court correcting* his *birth record, as it is registered in the office of* The Probate Court of Union Co.O. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two credible persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Allen (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 20yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Allen (Village) (Township)

(d) Street No. ____

3. Full name of child Connolly (Surname) Albert (First) L (Middle)

4. Date of birth 11/22/1886 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Connolly (Surname) Edward (First) (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Hayes (Surname) Alta (First) (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Champaign Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. AAron Boylan

Address Milford Center, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

Applicant's name is changed from John Conoly; his father's name is changed from Edward Conoly to Edwar Edward Connolly, and his mother's name is changed from Alice Hager to Alta Hayes, the corrections being made in the birth record as shown in Vol.3, page 27, of the birth records of Union County, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

____ *19*

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of John Lawrence Price

Case No. A-136

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marion, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 32 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson
(City) (Village) (Township)

(d) Street No.

3. Full name of child: Price (Surname) John (First) Lawrence (Middle)

4. Date of birth 4/13/1896 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Price (Surname) John (First) Lamont (Middle)

10. Color or race: white 11. Age at time of this birth: 37 yrs.

12. Birthplace: Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: carpenter

14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Chapman (Surname) Sarah (First) Eveline (Middle)

16. Color or race: white 17. Age at time of this birth: 32 yrs.

18. Birthplace: Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business:

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name: Dr. Williams
Address: Essex, Ohio
M. D., midwife, or other:

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth, *as provided by law.*

John Lawrence Price *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

John Lawrence Price *Applicant*

P. O. Address 393 W. Center St. Marion, Ohio

Sworn to before me and signed in my presence this 5th *day of* March *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, James E. Inskeep, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

James E. Inskeep

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 5th *day of* March *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Sanford Adams, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Sanford Adams.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 5th *day of* March *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of John Lawrence Price

March 5th *19* 42

Case No. A.136 ✓

ORDER FOR HEARING

This day John Lawrence Price *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

March 5th *19* 42

Case No. A-136

of John Lawrence Price

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Lawrence Price

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of James E. INskeep and Sanford Adams, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 32 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Price (Surname) John (First) Lawrence (Middle)

4. Date of birth 4/13/1886 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Price (Surname) John (First) Lamont (Middle)

10. Color or race white 11. Age at time of this birth 37 yrs.

12. Birthplace Union Co (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Chapman (Surname) Sarah (First) Eveline (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Williams

Address Essex, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth

of Ralph Rodgers
1452 Drake Ave. Burlingame, Calif.

Case No. A-137

APPLICATION

Your applicant respectfully represents that I *was born in* Union *County, Ohio; that* I *now resides in* San Mateo County, California; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Township
(City) (Village) (Township)

(c) Name of hospital or institution: Home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ~~City~~ Claibourne (Village) Claibourne (Township)

(d) Street No. _____

3. Full name of child Rodgers (Surname) Ralph (First) _____ (Middle)

4. Date of birth 12/16/1898 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rodgers (Surname) Charles (First) William (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name White, Mary (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business same

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? two

(b) How many other children were born alive but were then dead? no

(c) How many children were born dead? no

22. Attending Physician or Midwife:

Name Dr. King. Now deceased

Address Richwood, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3 page 174, No. 248 of the birth records of Union County, Ohio. That said record shows the last name spelled "Rogers" in the name of the applicant and that of his father when the same should be spelled "Rodgers"

Your applicant hereby makes application for an order of the Court, directing correction of his birth record, *as provided by law.*

Ralph Rodgers *Applicant*

The State of Ohio, California, San Mateo **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ralph Rodgers *Applicant*

P. O. Address 1452 Drake Avenue, Burlingame, Calif.

Sworn to before me and signed in my presence this 21 *day of* March *19*42.

Mabel Teleean

(Seal) Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles W. Rodgers, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles W. Rodgers

P. O. Address LaRue, Ohio

Sworn to before me and signed in my presence this 2nd *day of* April *19*42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Rodgers, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary Rodgers

P. O. Address LaRue, Ohio

Sworn to before me and signed in my presence this 2nd *day of* April *19*42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record

of Ralph Rodgers

April 2 *19*42

Case No. A-137 ✓

ORDER FOR HEARING

This day Ralph Rodgers *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Ralph Rodgers

Probate Court, Union **County, Ohio**

April 2 *19* 42

Case No. A-137

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ralph Rodgers *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County Probate Court The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Charles W. Rodgers and Mary Rodgers, credible witnesses, and the affidavit of the applicant; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ___ In this community 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne
(City) (Village) (Township)

(d) Street No.

3. Full name of child Rodgers (Surname) Ralph (First) (Middle)

4. Date of birth 12/16/1898 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ___ If so—born 1st, 2d, or 3d ___

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rodgers, (Surname) Charles (First) William (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name White (Surname) Mary (First) (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name Dr. King
Address Richwood, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That the surname of the applicant be Rodgers instead of "Rogers" as recorded in Volume 3, page 174, No. 248 of the birth records of this Court.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ___

Probate Court, ___ **County, Ohio**

19 ___

Case No. ___

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ___ *for an order of The Court directing the registration of* ___ *birth.*

___, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ___; *that notice of the hearing on said application has been* ___; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b)
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ___ In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c)
(City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet ___ If so—born 1st, 2d, or 3d ___

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife
Name
Address
M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Andrew Jackson Heath

Case No. A-138

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* California; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 1yr
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Noble

(c) Wayne (City) (Village) (Township)

(d) Street No.

3. Full name of child Heath (Surname) Andrew (First) Jackson (Middle)

4. Date of birth 3/8/1884 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Heath (Surname) William (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business marble cutter

MOTHER OF CHILD

15. Full maiden name Parker (Surname) Mary (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Wayne County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth: 0

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name unknown

Address

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth, *as provided by law.*

Andrew Jackson Heath *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Andrew Jackson Heath *Applicant*

P. O. Address California

Sworn to before me and signed in my presence this 4th *day of* March *19* 42.

G. A. Francis

Notary Public in and for Los Angeles, Calif.
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Blaine J. Hall, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Blaine J. Hall

P. O. Address ____

Sworn to before me and signed in my presence this 10th *day of* April *19* 42.

John W. Dailey

Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Clarence Parker, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clarence Parker

P. O. Address ____

Sworn to before me and signed in my presence this 10th *day of* April *19* 42.

John W. Dailey

Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Andrew Jackson Heath

March 9, *19* 42

Case No. A-138

ORDER FOR HEARING

This day Andrew Jackson Heath *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had April 10, 1942.

It is further ordered by The Court that Austin Clapp, California *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Andrew Jackson Heath

Probate Court, Union **County, Ohio**

April 10 *19*42

Case No. A-138

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Andrew Jackson Heath

for an order of The Court directing the registration of his *birth.*

Austin Clapp, special Master Commissioner appointed by the Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Blaine J. Hall and Clarence Parker, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 1yr (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Heath (Surname) Andrew (First) Jackson (Middle)

4. Date of birth 3/8/1884 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Heath (Surname) William (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business marble cutter

MOTHER OF CHILD

15. Full maiden name Parker, Mary Elizabeth (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Wayne, Noble County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name unknown

Address _____

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Edith Olive Bausman

Case No. A-139

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Petersburg, Michigan *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Township, Ohio
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Township
(City) (Village) (Township)

(d) Street No.

3. Full name of child Bausman (Surname) Edith (First) Olive (Middle)

4. Date of birth 1/25/1905 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bausman (Surname) Daniel (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Wyandotte County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Buskirk, Goldie (Surname) Grace (First) Van (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Marion County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother before this birth: none
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Doctor Frank Hartley
Address Byhalia, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Edith Olive Bausman *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Edith Olive Bausman *Applicant*

P. O. Address Petersburg, Michigan

Sworn to before me and signed in my presence this 9th *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Goldie Grace Bausman, Mother of this Applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Goldie Grace Bausman

P. O. Address Milan, Michigan

Sworn to before me and signed in my presence this 9th *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Cora Holeman, Aunt of this applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Cora Holeman

P. O. Address Ridgeway, Ohio, R.F.D. #1

Sworn to before me and signed in my presence this 9th *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Edith Olive Bausman

March 9 *19* 42

Case No. A-139

ORDER FOR HEARING

This day Edith Olive Bausman *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Edith Olive Bausman

Probate Court, Union **County, Ohio**

March 9 *19*42

Case No. A-139

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edith Olive Bausman

for an order of The Court directing the registration of her *birth.*

The Probate Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Goldie Grace Van (Buskirk) Bausman and Cora Holeman, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Township, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Bausman (Surname) Edith (First) Olive (Middle)

4. Date of birth 1/25/1905 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bausman (Surname) Daniel (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Wyandotte County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Ruskirk (Surname) Goldie (First) Grace Van (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Marion County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother: none

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Doctor Frank Hartley

Address Byhalia, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Urton Mann Temple

Case No. A-140

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Milford Center (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 31 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Milford Center (City) (Village) (Township)
(d) Street No.

3. Full name of child Temple (Surname) Urton (First) Mann (Middle)

4. Date of birth 10/20/1891 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Temple (Surname) Isaac (First) Newton (Middle)
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Guernsey County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Brake (Surname) Lettie (First) (Middle)
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union COumty (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. McCune
Address Unionville Center, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Urton Mann Temple *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Urton Mann Temple *Applicant*

P. O. Address 1934 Bedford Rd. Columbus, Ohio

Sworn to before me and signed in my presence this tenth *day of* March *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Wilbur J. Brake, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Wilbur J. Brake

P. O. Address ____

Sworn to before me and signed in my presence this 10th *day of* March *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Dot. G. Temple, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dot G. Temple

P. O. Address 7 twelth ave, Columbus, Ohio

Sworn to before me and signed in my presence this 10th *day of* March *19* 42.

Carrie W. Hornbeck
Probate Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Urton Mann Temple

March 10th *19* 42

Case No. A-140 ✓

ORDER FOR HEARING

This day Urton Mann Temple *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ~~be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.~~

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of Urton Mann Temple

March 10 *19* 42

Case No. A-140

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Urton Mann Temple

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Dot G. Temple and Wilbur J. Brake credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) _____ Milford Center, _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 31 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Temple (Surname) Urton (First) Mann (Middle)

4. Date of birth 10/20/1891 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Temple (Surname) Isaac (First) Newton (Middle)

10. Color or race white 11. Age at time of this birth _____ yrs.

12. Birthplace Guernsey County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Brake (Surname) Lettie (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. McCune

Address Unionville Center, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record
of Lewis Corbet Donley

Case No. A-141

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 25 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris
(City) (Village) (Township)

(d) Street No.

3. Full name of child Donley (Surname) Lewis (First) Corbet (Middle)

4. Date of birth 11/11/1892 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Donley (Surname) John (First) Bruff (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Beightler, Clara Viola (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth: 1
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Henderson
Address Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth is* is not correctly recorded

Your applicant hereby makes application for an order of the Court, directing correction of the record, *as provided by law.*

Lewis Corbet Donley *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Lewis Corbet Donley *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* March *19*42.

Clifton L. Caryl
Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, John B. Donley, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John B. Donley

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* March *19*42.

Cliton L. Caryl
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Clara V. Donley, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clara V. Donley

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* March *19*42.

Clifton L. Caryl
Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record
of Lewis Corbet Donley

March 10 *19*42

Case No. a-141

ORDER FOR HEARING

This day Lewis Corbet Donley *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Lewis Corbet Donley

Probate Court, Union **County, Ohio**

March 10 *19* 42

Case No. A-141

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Lewis Corbet Donley *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of the parents, father and mother; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Ohio

(b) ——— Paris
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community 25 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Paris
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Donley (Surname) Lewis (First) Corbet (Middle)

4. Date of birth 11/11/1892 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet ——— If so—born 1st, 2d, or 3d———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Donley (Surname) John (First) Bruff (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Beightler, (Surname) Clara (First) Viola (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother: 2

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. L. Henderson

Address Marysville, Ohio

M. D., midwife, or other ———

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That the birth record recorded in Vol.3 pg.47, No.71 Birth records of Union County.Ohio, be corrected to re
corrected to read " Lewis Corbet Donley" that the father's name be spelled "Donley" instead
of Donelly; That the mother's name be corrected to Clara Viola Beightler from Clara Bigtler.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John M. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ——— **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ———

19 ———

Case No. ———

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ——— *for an order of The Court directing the registration of* ——— *birth.* ———, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ———; *that notice of the hearing on said application has been* ———; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ———

(b) ——— (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ———

(b) County ———

(c) ——— (City) (Village) (Township)

(d) Street No. ———

3. Full name of child ——— (Surname) (First) (Middle)

4. Date of birth ——— (Month) (Day) (Year)

5. Sex ———

6. Twin or triplet ——— If so—born 1st, 2d, or 3d———

7. Number months of pregnancy ———

8. Mother married? ———

FATHER OF CHILD

9. Full name ——— (Surname) (First) (Middle)

10. Color or race ——— 11. Age at time of this birth ——— yrs.

12. Birthplace ——— (City, town, or county) ——— (State or foreign country)

13. Usual occupation ———

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name ——— (Surname) (First) (Middle)

16. Color or race ——— 17. Age at time of this birth ——— yrs.

18. Birthplace ——— (City, town, or county) ——— (State or foreign country)

19. Usual occupation ———

20. Industry or business ———

21. Children born to this mother:

(a) How many other children of this mother are now living? ———

(b) How many other children were born alive but are now dead? ———

(c) How many children were born dead? ———

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ———

Address ———

M. D., midwife, or other ——— Date signed ———

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth *of* Carl W. Schalip

Case No. a-142

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* ; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 24 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Schalip (Surname) Carl (First) William (Middle)

4. Date of birth 6/5/1903 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Schalip (Surname) Emmanuel (First) (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation cabinet maker

14. Industry or business Cabinet Factory

MOTHER OF CHILD

15. Full maiden name Stump Cora Arabella (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Swisher

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth, *as provided by law.*

Carl W. Schalip *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as verily believes.

Carl William Schalip *Applicant*

P. O. Address Galion, Ohio

Sworn to before me and signed in my presence this 11th *day of* March *19* 42.

Cliton L. Caryl

Notary Public (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Cora Stump Schalip mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Cora Stump Schalip

P. O. Address Galion, Ohio

Sworn to before me and signed in my presence this 11th *day of* March *19* 42.

Cliton L. Caryl

Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Walter Stump, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Walter Stump

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 11th *day of* March *19* 42.

Cliton L. Caryl

Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the Birth *of* Carl William Schalip

March 11th *19* 42

Case No. A-142 ✓

ORDER FOR HEARING

This day Carl William Schalip *appeared in open court and filed an application for the* Registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Carl William Schalip

Probate Court, Union **County, Ohio**

March 11th *19*42

Case No. A-142

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Carl William Schalip

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Cora Stump Schalip and Walter Stump credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) _____ Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 24 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) _____ Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Schalip (Surname) Carl (First) William (Middle)

4. Date of birth 6/5/1903 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Schalip Emmanuel (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation cabinet factory

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Stump Cora Arabella (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Swisher

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the Birth *of* Dana Bea Mulvaine

Case No. a143

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Pittsburg, Pa *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Mulvaine (Surname) Dana (First) Bea (Middle)

4. Date of birth 7/4/1906 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? no

FATHER OF CHILD

9. Full name DeGoodne (Surname) Lessie (First) F. (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) France (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Mulvaine (Surname) Emma (First) J. (Middle)

16. Color or race white 17. Age at time of this birth ____ yrs.

18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housekeeper for father

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? ____

(b) How many other children were born alive but were then dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife:

Name Dr. T. F. Wurtsbaugh,

Address Richwood, Ohio

M. D., midwife, or other Emma Mulvaine

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded correctly

Your applicant hereby makes application for an order of the Court, directing correction of the record, *as provided by law.*

Dana Bea Mulvaine *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Dana Bea Mulvaine *Applicant*

P. O. Address 206 Anderson St. N. S. Pittsburg, Pa.

Sworn to before me and signed in my presence this 11th *day of* March *19* 42.

Robert F. Allen

Notary Public (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____ *of* ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Emma M. Mulvaine, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Emma M. Mulvaine

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 11 *day of* March *19* 42.

Carrie W. Hornbeck

Probate Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Oscar Mulvaine Uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Oscar Mulvaine

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 11 *day of* March *19* 42.

Carrie W. Hornbeck

Probate Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of the birth *of* Dana Bea Mulvaine

March 11 *19* 42

Case No. A-143 ✓

ORDER FOR HEARING

This day Dana Bea Mulvaine *appeared in open court and filed an application for the* correction of Birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Dana Bea Mulvaine

Probate Court, Union **County, Ohio**

March 11 *19*42

Case No. A-143

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Dana Bea Mulvaine *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* The Court; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No.

3. Full name of child Mulvaine (Surname) Dana (First) Bea (Middle)

4. Date of birth 7/4/1906 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? No

FATHER OF CHILD

9. Full name DeGood (Surname) Lessie (First) F. (Middle)

10. Color or race white 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) France (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Mulvaine (Surname) Emma (First) J. (Middle)

16. Color or race white 17. Age at time of this birth ____ yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housekeeper for father

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name Dr Wurtsbaugh

Address Richwood, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

Dona B. DeGood be corrected to Dana Bea Mulvaine; Sex F., corrected to male; mother's maiden name Emma name Emma J. Mulvain corrected to Emma J. Mulvaine; and residence of parents, Leesburg Twp., corrected to Leesburg Township, Union County, Ohio. Applicant was born out of wedlock and has always used the name of his mother and the name above specified of Dana Bea Mulvaine.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John M. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

19

Case No.

of

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of for an order of The Court directing the registration of birth. , having personally examined the applicant in open court, finds that the facts stated in the application are supported by ; that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth ____ yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth ____ yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth

of Addie May Cradler

Case No. A-144

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Champaign County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 26 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Cradler (Surname) Addie (First) May (Middle)

4. Date of birth July 6, 1909 (Month) (Day) (Year)

5. Sex yes

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cradler, (Surname) Lawrence (First) Wesley (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Keeran, (Surname) Ethel (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Swisher

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Addie May Cradler *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Addie May Cradler *Applicant*

P. O. Address Urbana, Ohio, 816 Pendar St.

Sworn to before me and signed in my presence this 12 *day of* March *19*42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, L. W. Cradler, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

L. W. Cradler

P. O. Address Urbana, Ohio, RFD # 1

Sworn to before me and signed in my presence this 17 *day of* March *19*42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Bess Owen, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Bess Owen

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17 *day of* March *19*42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Addie May Cradler

March 17 *19*42

Case No. A-144

ORDER FOR HEARING

This day Addie May Cradler *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John M. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____ *for an order of The Court correcting* _____ *birth record, as it is registered in the office of* _____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Addie May Cradler

Probate Court, Union **County, Ohio**

March 17 *19* 42

Case No. A-144

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Addie May Cradler *for an order of The Court directing the registration of* her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of L. W. Cradler and Bess Owen, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution _____ In this community 26 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Cradler (Surname) Addie (First) May (Middle)

4. Date of birth July 6, 1909 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cradler, Lawrence (Surname) Wesley (First) (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Keeran, Ethel (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Swisher

Address Marysville, Ohio

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Marvin Bernard Barnhart

Case No. A-145

APPLICATION

Your applicant respectfully represents that he *was born in* Hardin County *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Hardin

(b) Ridgeway (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 2yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Hardin

(c) Rideway (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Barnhart (Surname) Marvin (First) Bernard (Middle)

4. Date of birth 7/31/1915 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Barnhart (Surname) Earl (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Foster, (Surname) Olive (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth: 0

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Vassar

Address Rideway, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Marvim Bernard Barnhart *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Marvin Bernard Barnhart *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 12th *day of* March *19*42.

Clifton L. Caryl

Notary Public (Official Title)

AFFIDAVIT Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Effie Foster grandmother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Effie Foster

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 12 *day of* March *19*42.

Clifton L. Caryl

Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Elva Barnhart mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Elva Barnhart

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 12 *day of* March *19*42.

Clifton L. Caryl

Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth

of Marvin Bernard Barnhart

March 12 *19*42

Case No. A-145 ✓

ORDER FOR HEARING

This day Marvin Bernard Barnhart *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____ *for an order of The Court correcting* _____ *birth record, as it is registered in the office of* _____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

March 12 *19* 42

Case No. A-145

of Marvin Bernard Barnhart

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Marvin B. Barnhart *for an order of The Court directing the registration of* his *birth.*

The Court, having personally examined the applicant in open court, finds that the facts stated in the application are supported by the testimony of Effie Foster and Elva Barnhart credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Hardin

(b) _____ (City) Ridgeway (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 2 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Hardin

(c) Ridgeway (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Barnhart (Surname) Marvin (First) Bernard (Middle)

4. Date of birth 7/31/1915 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Barnhart (Surname) Earl (First) J. (Middle)

10. Color or race White 11. Age at time of this birth 22 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Foster Olive (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name Dr. Vassar

Address Ridgeway, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John .W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth
of Elba Mather

Case No. A-146

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Magnetic Springs (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 15 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Magnetic Springs (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Mather (Surname) Elba (First) ____ (Middle)
4. Date of birth 8/23/1888 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD

9. Full name Mather (Surname) William (First) ____ (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Mayfield (Surname) Jennie (First) O (Middle)
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Drake
Address Magnetic Springs
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Elba Mathers *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Elba Mathers *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* March *19* 42

Helen Hawke
Notary Public (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Jennie O. Mather, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jennie O. Mather

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 13th *day of* March *19* 42.

W. H. Jolliff
J. P. (Official Title)

The State of Ohio, Union **County, ss.**

I, William Mather, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

William Mather

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 13th *day of* March *19* 42.

W. H. Jolliff
J. P. (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Elba Mathers

March 13th 1942

Case No. A-146

ORDER FOR HEARING

This day Elba Mathers *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Elba Mathers

Probate Court, Union **County, Ohio**

March 13th *19*42

Case No. A-146

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Elba Mather

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Jennie O. Mather and William Mather the father and mother of applicant, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Magnetic Springs (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 15 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Magnetic Springs (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Mather (Surname) Elba (First) _____ (Middle)

4. Date of birth 8/23/1888 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mather (Surname) William (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Mayfield (Surname) Jennie (First) O. (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Drake

Address Magnetic Springs

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record
of Ralph George Brookins

Case No. A- 147

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marion County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 23 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Brookins (Surname) Ralph (First) George (Middle)

4. Date of birth April 20, 1903 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Brookins (Surname) Elmer (First) O. (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Bacon, (Surname) Carrie (First) N. (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? no

22. Attending Physician or Midwife:

Name S. J. Bown

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth has not been properly and accurately recorded in Volume 3, page 25, of the records of birth of Union County, Ohio. Name is listed as George R. Brookens, when in truth and fact it should be Ralph George Brookins.*

Your applicant hereby makes application for an order of the Court, directing the correction of his BR ___, as provided by law.

Ralph George Brookins *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ralph George Brookins *Applicant*

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 16 *day of* March *19* 42.

Mildred L. Fladt

(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Ralph George Brookins

The State of Ohio, Union **County, ss.**

I, S. J. Bown, *do hereby certify that I was the physician in attendance at the birth of* Ralph George Brookins, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

S. J. Bown, M.D. *Attending Physician*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 16 *day of* March *19* 42.

(Seal) John W. Dailey

(Official Title)

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ralph McFann, brother-in-law, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ralph McFann

P. O. Address 863 Woodrow Ave., Marion, Ohio

Sworn to before me and signed in my presence this 16 *day of* March *19* 42.

Mildred L. Fladt

(Seal) Notary Public, Union County, Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Ralph George Brookins

March 16 *19* 42

Case No. A-147

ORDER FOR HEARING

This day Ralph George Brookins *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with,

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Ralph George Brookins

Probate Court, Union **County, Ohio**

March 16 *19*42

Case No. A-147

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ralph George Brookins *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Judge, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of the physician in attendance and the affidavit of one person having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 23 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor Township
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Brookins (Surname) Ralph (First) George (Middle)

4. Date of birth April 20, 1903 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Brookins, (Surname) Elmer (First) O. (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Bacon, (Surname) Carrie (First) N. (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name S. J. Bown

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name be recorded as Ralph George Brookins rather than George R. Brookens as it now appears of record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

*19*____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) ____ (First) ____ (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Russell Allen Taylor

Case No. A-148

APPLICATION

Your applicant respectfully represents that he *was born in* Fayette County *County, Ohio; that* he *now resides in* Union County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Fayette

(b) ____ (City) Paint (Village) ____ (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 22 yrs

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Fayette

(c) ____ (City) Paint twp (Village) (Township)

(d) Street No. ____

3. Full name of child Taylor (Surname) Russell (First) Allen (Middle)

4. Date of birth 10/7/1903 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Taylor (Surname) John Allen (First) (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Highland County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Bowers (Surname) Florence (First) Ada (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Fayette County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. J. Lee Worley

Address Washington Courthouse, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing ____, *as provided by law.*

Russell Allen Taylor *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Russell Allen Taylor *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 16th *day of* March *19* 42.

Clifton L. Caryl

Notary Public (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, John Allen Taylor father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Allen Taylor

P. O. Address RFD#2 Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* March *19* 42

Clifton L. Caryl

Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Florence Bowers Taylor mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Florence Bowers Taylor

P. O. Address RFD#2 Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* March *19* 42

Clifton L. Caryl

Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Russell Allen Taylor

March 16 *19* 42

Case No. a-148

ORDER FOR HEARING

This day Russell Allen Taylor *appeared in open court and filed an application for the* Registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

March 16th *19* 42

Case No. A-148

of Russell Allen Taylor

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Russell Allen Taylor

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of John Allen Taylor and Florence Ada Bowers Taylor, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Fayette

(b) Paint (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 22 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Fayette

(c) Paint (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Taylor (Surname) Russell (First) Allen (Middle)

4. Date of birth 10/7/1903 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Taylor John Allen (Surname) (First) (Middle)

10. Color or race White 11. Age at time of this birth 25 yrs.

12. Birthplace Highland County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Bowers Florence Ada (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 22 yrs.

18. Birthplace Fayette County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: two

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. J. Lee Worley

Address Washington C. H. Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Dwight Fuller Westfall

Case No. A-149

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Champaign County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 5 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (Paris Twp)
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Westfall (Surname) Dwight (First) Fuller (Middle)

4. Date of birth June 4, 1900 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Westfall (Surname) Frank (First) C. (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Fuller (Surname) Hattie (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Woods County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 1

22. Attending Physician or Midwife:
Name Dr. Swisher
Address Marysville, Ohio
_____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Dwight Fuller Westfall *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Dwight Fuller Westfall *Applicant*

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 16 *day of* March *19* 42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, Hattie Fuller Westfall, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Hattie Fuller Westfall

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 16 *day of* March *19* 42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, Jacob Westfall, uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jacob Westfall

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* March *19* 42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Dwight Fuller Westfall

March 16 *19* 42

Case No. A-149

ORDER FOR HEARING

This day Dwight Fuller Westfall *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Dwight Fuller Westfall

Probate Court, Union **County, Ohio**

March 16 *19*42

Case No. A-149

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Dwight Fuller Westfall

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Hattie Fuller Westfall and Jacob Westfall, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 5 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (Paris Twp) (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Westfall (Surname) Dwight (First) Fuller (Middle)

4. Date of birth June 4, 1900 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Westfall (Surname) Frank (First) C. (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Fuller, Hattie (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Woods County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 1

22. Attending Physician or Midwife

Name Dr. Swisher

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

(Seal)

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of James Lowell Longbrake

Case No. A-150

APPLICATION

Your applicant respectfully represents that _____ *was born in* _____ *County, Ohio; that* _____ *now resides in* _____; *and that the following are the available facts with relation to* _____ *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? _____
(b) How many other children were born alive but were then dead? _____
(c) How many children were born dead? _____

22. Attending Physician or Midwife:
Name _____
Address _____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of _____ *birth* _____

Your applicant hereby makes application for an order of the Court, directing _____, *as provided by law.*

_____ *Applicant*

The State of Ohio, _____ **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as _____ *verily believes.*

_____ *Applicant*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

Probate Court, _____ **County, Ohio**

In the Matter of the _____
of _____

_____ *19____*

Case No. 150

ORDER FOR HEARING

This day _____ *appeared in open court and filed an application for the* _____.

It is ordered that hearing on said application _____

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ _____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____

for an order of The Court directing the registration of _____ *birth.*

_____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* _____

_____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Edith Elizabeth Orr

Case No. A-151

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 438 S. 18th St. Columbus, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 24 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Orr (Surname) Edith (First) Elizabeth (Middle)

4. Date of birth March 4, 1913 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Orr, (Surname) James (First) Wilber (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation woodworker

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Cassidy, (Surname) Estella (First) Malinda (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth: 2

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? --

(c) How many children were born dead? --

22. Attending Physician or Midwife:

Name Argus Swisher

Address Marysville, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth, *as provided by law.*

Edith Elizabeth Orr *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Edith Elizabeth Orr *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 17th *day of* March *19* 42.

Alnet Mayer

(Seal) Alnet Mayer, Notary Public (Official Title)

AFFIDAVIT

Probate Court, _____ County, Ohio

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, Estella Malinda Orr, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Estella Malinda Orr

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 18th *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, J. Wilber Orr, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. Wilber Orr

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 18 *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Edith Elizabeth Orr

March 18 *19*42

Case No. A-151 ✓

ORDER FOR HEARING

This day Edith Elizabeth Orr *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Edith Elizabeth Orr

Probate Court, Union **County, Ohio**

March 18 *19*42

Case No. A-151

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edith Elizabeth Orr

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Estella Orr, mother and J. Wilber Orr, father; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 24 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Orr (Surname) Edith (First) Elizabeth (Middle)

4. Date of birth Mar. 4, 1913 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Orr, James (Surname) (First) Wilber (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation woodworker

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Cassidy, Estella Malinda (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 2

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? --

(c) How many children were born dead? --

22. Attending Physician or Midwife

Name Argus B. Swisher

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth *of* Herbert Franklin Welsh

Case No. A-152

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Morrow County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— (City) ——— (Village) Leesburg (Township)

(c) Name of hospital or institution: ———

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— (City) ——— (Village) Leesburg (Township)

(d) Street No. ———

3. Full name of child Welsh (Surname) Herbert (First) Franklin (Middle)

4. Date of birth 8/20/1908 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Welsh (Surname) Edmond (First) Brush (Middle)

10. Color or race White 11. Age at time of this birth 33 yrs.

12. Birthplace Deleware Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Dunlap (Surname) Iva (First) Gertrude (Middle)

16. Color or race White 17. Age at time of this birth 29 yrs.

18. Birthplace Deleware Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 4

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. J.F. Conrad

Address Magnetic Springs, Ohio

M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Herbert Franklin Welsh *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Herbert Franklin Welsh *Applicant*

P. O. Address Marengo, Ohio

Sworn to before me and signed in my presence this 18th *day of* March *19* 42.

Carrie W. Hornbeck

Deputy
(Official Title)

AFFIDAVIT **Probate Court,** ——— **County, Ohio**

In the Matter of ———

of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19* ———.

———
(Official Title)

The State of Ohio, Union **County, ss.**

I, Edmond Brush Welsh, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edmond Brush Welsh

P. O. Address Deleware, Ohio

Sworn to before me and signed in my presence this 18th *day of* March *19* 42.

Carrie W. Hornbeck

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Iva Gertrude Dunlap Welsh, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Iva G. D. Welsh

P. O. Address Deleware, Ohio

Sworn to before me and signed in my presence this 18th *day of* March *19* 42.

Carrie W. Hornbeck

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth *of* Herbert Franklin Welsh

March 18th *19* 42

Case No. A-152

ORDER FOR HEARING

This day Herbert Franklin Welsh *appeared in open court and filed an application for the* registration of birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Herbert Franklin Welsh

Probate Court, Union **County, Ohio**

March 18, 19 42

Case No. A-152

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Herbert Franklin Welsh

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Edmond Brush Welsh, his father and Iva Gertrude Dunlap Welsh, his mother; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 1 yr (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Welsh (Surname) Herbert (First) Franklin (Middle)

4. Date of birth 8/20/1908 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Welsh Edmond Brush (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Deleware Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Dunlap Iva Gertrude (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Deleware Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 19

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. J. F. Conrad

Address Magnetic Springs, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Ruth Janet Heath

Case No. A-153

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* ; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Heath (Surname) Ruth (First) Janet (Middle)

4. Date of birth 8/17/1912 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Heath (Surname) Edmond (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Beers (Surname) Minnie (First) May (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. W. D. Gardner

Address Plain City, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth, *as provided by law.*

Ruth Janet Heath *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Ruth Janet Heath *Applicant*

P. O. Address Marysville, RD#3

Sworn to before me and signed in my presence this 9th *day of* May *19* 42.

Gladys L. Cheney

Notary Public (Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Edmond Heath, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edmond Heath

P. O. Address RFD#3 Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* May *19* 42.

Gladys L. Cheney

Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Minnie May Heath, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Minnie May Heath

P. O. Address RFD#3 Marysville OHio

Sworn to before me and signed in my presence this 9th *day of* May *19* 42

Gladys L. Cheney

Notary Public (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of Birth
of Ruth Janet Heath

May 9th *19* 42

Case No. A-153 ✓

ORDER FOR HEARING

This day Ruth Janet Heath *appeared in open court and filed an application for the* registration of the birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony in said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

May 9th *19* 42

Case No. A-153

of Ruth Janet Heath

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ruth Janet Heath

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Edmond Heath and Minnie May Heath, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 2 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Heath (Surname) Ruth (First) Janet (Middle)

4. Date of birth Aug. 17, 1912 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Heath (Surname) Edmond (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Beers (Surname) Minnie May (First) (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Madison County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. W. D. Gardner

Address Plain City, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Allen Bidwell Smith

Case No. A-154

APPLICATION

Your applicant respectfully represents that he *was born in* Madison *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Madison

(b) Jefferson
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 40 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Jefferson
(City) (Village) (Township)

(d) Street No.

3. Full name of child Smith (Surname) Allen (First) Bidwell (Middle)

4. Date of birth 9/13/1919 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith (Surname) Denton (First) (Middle)

10. Color or race white 11. Age at time of this birth 41 yrs.

12. Birthplace Ross County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Bidwell, Myrtle (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 40 yrs.

18. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 7
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. L.W. Olney
Address West Jefferson, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Allen Bidwell Smith *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Allen Bidwell Smith *Applicant*

P. O. Address Marysville, Ohio RFD#5

Sworn to before me and signed in my presence this 19th *day of* March *19* 42.

Cliton L. Caryl
Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Myrtle Bidwell Smith, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Myrtle Bidwell Smith

P. O. Address RFD#5 Marysvlle, Ohio

Sworn to before me and signed in my presence this 19th *day of* March *19* 42.

Cliton L. Caryl
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lottie Cline, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lottie Cline

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* March *19* 42.

Clifton L. Caryl
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the Birth
of Allen Bidwell Smith

March 19 19 42

Case No. A-154

ORDER FOR HEARING

This day Allen Bidwell Smith *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered, by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ Surname First Middle

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Allen Bidwell Smith

Probate Court, Union **County, Ohio**

March 19 *19* 42

Case No. A-154

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Allen Bidwell Smith

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Myrtle Bidwell Smith and Lootie Cline, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Madison

(b) Jefferson (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 40 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Jefferson (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Smith (Surname) Allen (First) Bidwell (Middle)

4. Date of birth 9/13/1919 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith (Surname) Denton (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Ross County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Bidwell (Surname) Myrtle (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 40 yrs.

18. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 7

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. L. W. Olney

Address West Jefferson, Ohio

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Clair Randall Baker

Case No. A-155

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Village of Richwood, Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution: At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 30 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Baker (Surname) Clair (First) Randall (Middle)

4. Date of birth July 2, 1905 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Baker, (Surname) Grant (First) W. (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Randall (Surname) Maude (First) E. (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? two
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Bonner (Deceased)
Address Pharisburg, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 108 of the Birth Records of the Probate Court in Marysville, Union County, Ohio. That the Record should be corrected by the following: "Floyd R. Baker corrected to Clair Randall Baker"

Your applicant hereby makes application for an order of the Court, directing the correction of his birth records as provided by law.

Clair Randall Baker *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Clair Randall Baker *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 19th *day of* March *19* 42.

Starling Dixon
(Seal) Starling Dixon, Notary Public, Union County, Ohio, My commission expires January 13, 1945
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Martha Bonner, not related to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Martha Bonner

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 20 *day of* March *19* 42.

John W. Dailey
(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Florence Davis, not related to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Florence E. Davis

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 20 *day of* March *19* 42.

(Seal) John W. Dailey
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Clair Randall Baker

March 20 *19* 42

Case No. A-155

ORDER FOR HEARING

This day Clair Randall Baker *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Clair Randall Baker

Probate Court, Union **County, Ohio**

March 20 1942

Case No. A-155

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Clair Randall Baker *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Leesburg (Village) (Township)

(c) Name of hospital or institution: at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 30 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) (Village) Leesburg (Township)

(d) Street No. ____

3. Full name of child: Baker (Surname) Clair (First) Randall (Middle)

4. Date of birth July 2, 1905 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: nine

8. Mother married? yes

FATHER OF CHILD

9. Full name: Baker (Surname) Grant (First) M. (Middle)

10. Color or race: white 11. Age at time of this birth: 34 yrs.

12. Birthplace: Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farming

MOTHER OF CHILD

15. Full maiden name: Randall (Surname) Maude (First) E. (Middle)

16. Color or race: white 17. Age at time of this birth: 30 yrs.

18. Birthplace: Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Bonner (Deceased)

Address Pharisburg, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: "Floyd R. Baker should be corrected to Clair Randall Baker."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Dolores Florence Temple

Case No. A-156

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Cuyahoga County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 25 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Township
(City) (Village) (Township)

(d) Street No.

3. Full name of child: Temple (Surname) Dolores (First) Florence (Middle)

4. Date of birth Jan. 29, 1889 (Month) (Day) (Year)

5. Sex: F.

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Temple (Surname) Sylvester (First) T. (Middle)

10. Color or race: white — 11. Age at time of this birth: 31 yrs.

12. Birthplace: Cambridge (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farming

14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Durr (Surname) Anna (First) (Middle)

16. Color or race: white — 17. Age at time of this birth: 25 yrs.

18. Birthplace: Baden (City, town, or county) Germany (State or foreign country)

19. Usual occupation: housewife

20. Industry or business:

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Dolores Florence Temple Ruse *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Dolores Florence Temple Ruse *Applicant*

P. O. Address 1944 East 75th Street, Cleveland, Ohio

Sworn to before me and signed in my presence this 19 *day of* March *19*42.

Mildred L. Fladt

(Seal) Mildred L. Fladt, Notary Public, Union County, Ohio. My com. exp. Mar. 23, 1943
(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Anna Durr Temple, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Anna Durr Temple

P. O. Address 422 North High Street, Kenton, Ohio

Sworn to before me and signed in my presence this 19 *day of* March *19*42.

Carrie W. Hornbeck

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Nell Williams, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nell Williams

P. O. Address 4863 Kenmore Ave. Chicago, Illinois

Sworn to before me and signed in my presence this 19 *day of* March *19*42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Birth Jan. 29, 1889, Affidavit from Father A. J. Shumaker of Immaculate Conception Church of Kenton, Ohio, baptized June 26, 1889

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Dolores Florence Temple

March 19 *19*42

Case No. A-156 ✓

ORDER FOR HEARING

This day Dolores Florence Temple (Ruse) *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Dolores Florence Temple

Probate Court, Union **County, Ohio**

March 19 *19*42

Case No. A-156

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Dolores Florence Temple

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Anna Durr Temple and Nell Williams, credible witnesses, and documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 25 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Temple (Surname) Dolores (First) Florence (Middle)

4. Date of birth Jan. 29, 1889 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Temple (Surname) Sylvester T. (First) (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Cambridge (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Durr (Surname) Anna (First) (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Baden (City, town, or county) Germany (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Homer Bryan Earick

Case No. A-157

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) York (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 12 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) York (Township)

(d) Street No. ____

3. Full name of child Earick (Surname) Homer (First) Bryan (Middle)

4. Date of birth March 17, 1896 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Earick, (Surname) George (First) Lawrence (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Prospect, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Roberts, (Surname) Melvina (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Marion (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Mrs. Baker
Address York Township
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, p. 56 of the Birth Records of Union County, Ohio, in that his first and middle names are not listed.
Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Homer Bryan Earick *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Homer Bryan Earick *Applicant*

P. O. Address Claiborne, Ohio

Sworn to before me and signed in my presence this 19th *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

____
(Official Title)

The State of Ohio, Union **County, ss.**

I, George Lawrence Earick, father of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

George Lawrence Earick

P. O. Address Claiborne, Ohio

Sworn to before me and signed in my presence this 19th *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Thomas B. Roahen, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Thomas B. Roahen

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 19th *day of* March *19* 42

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Homer Bryan Earick

March 19 *19* 42

Case No. A-157

ORDER FOR HEARING

This day Homer Bryan Earick *appeared in open court and filed an application for the* correction of his Birth Record.

It is ordered that hearing on said application be had forthwith and notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Homer Bryan Earick

Probate Court, Union **County, Ohio**

March 19 *19* 42

Case No. A-157

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Homer Bryan Earick *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio, Birth Record Vol. 3, page 56 *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* testimony deemed sufficient by the Court; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) York (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 12 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) York (Village) (Township)

(d) Street No. ____

3. Full name of child Earick (Surname) Homer (First) Bryan (Middle)

4. Date of birth March 18, 1896 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Earick (Surname) George (First) Lawrence (Middle)

10. Color or race W 11. Age at time of this birth 36 yrs.

12. Birthplace Prospect (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Rohers (Surname) Melvina (First) Jane (Middle)

16. Color or race W 17. Age at time of this birth 32 yrs.

18. Birthplace Marion (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

22. Attending Physician or Midwife:

Name Mrs. Baker

Address York Township

M. D., midwife, or other ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That the first name, Homer, and the middle name, Bryan, be added to said Birth Record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record *of* Cecil Joseph Laughorn

Case No. A-158

APPLICATION

Your applicant respectfully represents that he *was born in* Pickway *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Pickaway

(b) ——— (City) ——— (Village) Monroe (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ——— In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Pickaway

(c) ——— (City) ——— (Village) Monroe (Township)

(d) Street No. ———

3. Full name of child Laughorn (Surname) Cecil (First) Joseph (Middle)

4. Date of birth June 2, 1905 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Laughorn (Surname) Charles (First) ——— (Middle)

10. Color or race white 11. Age at time of this birth 41 yrs.

12. Birthplace Ross Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Mouser, (Surname) Ida (First) Mae (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Fayette Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth: 6

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? 3

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Gassil

Address Pancostburg

M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been accurately and properly recorded in Vol. 3 p. 140 of Records of Births in the Probate Court of Pickaway County, Ohio, in that his name is listed Joseph Seieel Laughorn and should be Cecil Joseph Laughorn and dated June 2, 1905 insted of September 6, 1905.

Your applicant hereby makes application for an order of the Court, directing the corr. of his birth record, *as provided by law.*

Cecil Joseph Laughorn *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Cecil Joseph Laughorn *Applicant*

P. O. Address Peoria, Ohio, RD 1

Sworn to before me and signed in my presence this 20 *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

AFFIDAVIT

Probate Court, ——— **County, Ohio**

In the Matter of ———

of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles Laughorn, father of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles Laughorn

P. O. Address Marysville, Ohio, RD 4

Sworn to before me and signed in my presence this 20 *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Ida Mae Laughorn, mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ida Mae Laughorn

P. O. Address Marysville, Ohio RD 4

Sworn to before me and signed in my presence this 20 *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record *of* Cecil Joseph Laughorn

March 20 *19* 42

Case No. A-158 ✓

ORDER FOR HEARING

This day Cecil Joseph Laughorn *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with.

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ——— (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Cecil Joseph Laughorn

Probate Court, Union **County, Ohio**

March 20 *19*42

Case No. A-158

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Cecil Joseph Laughorn *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Pickaway, Co. O. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* evidence deemed sufficient by the Court; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Pickaway

(b) Monroe Twpt. (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Pickaway

(c) Monroe Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Laughorn (Surname) Cecil (First) Joseph (Middle)

4. Date of birth: June 2, 1905 (Month) (Day) (Year)

5. Sex: M.

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Laughorn (Surname) Charles (First) ____ (Middle)

10. Color or race: white 11. Age at time of this birth: 41 yrs.

12. Birthplace: Ross Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Mouser, (Surname) Ida (First) Mae (Middle)

16. Color or race: white 17. Age at time of this birth: 37 yrs.

18. Birthplace: Fayette Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother: 6

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 3

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Gassil

Address Pancoatburg, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Name corrected to read Cecil Joseph Laughorn and date corrected to read June 2, 1905.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

*19*____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Frank Rudolph Chapman

Case No. A-159

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Chicago, Illinois; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Chapman (Surname) Frank (First) Rudolph (Middle)

4. Date of birth Jan. 6, 1902 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Chapman (Surname) Horatio (First) Rush (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Painter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Prentencia, (Surname) Antoni (First) (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace unknown (City, town, or county) France (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

22. Attending Physician or Midwife:
Name Dr. B. P. Hall
Address Richwood, Ohio
M. D., midwife, or other _____

21. Children born to this mother before this birth: 1
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Frank Rudolph Chapman *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Frank Rudolph Chapman *Applicant*

P. O. Address 1146 Addison St. Chicago, Ill.

Sworn to before me and signed in my presence this 20 *day of* March *19*42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

AFFIDAVIT Probate Court, _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lee Chapman, cousin of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lee Chapman

P. O. Address 97 Lynn St., Richwood, O.

Sworn to before me and signed in my presence this 20th *day of* March *19*42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Edward Benjamin Chapman, cousin of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edward Benjamin Chapman

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 20th *day of* March *19*42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Frank Rudolph Chapman

March 20th *19*42

Case No. A-159 ✓

ORDER FOR HEARING

This day Frank Rudolph Chapman *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Frank Rudolph Chapman

Probate Court, Union **County, Ohio**

March 20 *19* 42

Case No. A-159

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Frank Rudolph Chapman

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* evidence deemed sufficient by the Court; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Chapman (Surname) Frank (First) Rudolph (Middle)

4. Date of birth Jan. 6, 1902 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Chapman (Surname) Horatio (First) Bush (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)

13. Usual occupation painter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Prentencia, (Surname) Antoni (First) (Middle)

16. Color or race W 17. Age at time of this birth 28 yrs.

18. Birthplace unknown (City, town, or county) France (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 1

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. B. P. Hall

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Hobart William Sanderson

Case No. A-160

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Newark, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Taylor
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community 32 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Taylor
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Sanderson (Surname) Hobart (First) William (Middle)

4. Date of birth Oct. 27, 1897 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sanderson, Chas. (Surname) William (First) (Middle)

10. Color or race white 11. Age at time of this birth ——— yrs.

12. Birthplace Knoxville, (City, town, or county) Iowa (State or foreign country)

13. Usual occupation barber

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Dye (Surname) Nora (First) D. (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Mechanicsburg, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. J. B. Taylor
Address Broadway, Ohio
———
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth, *as provided by law.*

Hobart William Sanderson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Hobart William Sanderson *Applicant*

P. O. Address Newark, Ohio

Sworn to before me and signed in my presence this 21 *day of* March *19*42.

Helen Hawke
Notary Public
(Official Title)

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of Registration of the Birth
of Hobart William Sanderson

The State of Ohio, Union **County, ss.**

I, Hobart William Sanderson, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles William Sanderson, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles William Sanderson

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 21st *day of* March *19*42.

Helen Hawke
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Nora D. Sanderson, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nora D. Sanderson

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 21st *day of* March *19*42.

Helen Hawke
Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of the birth
of Hobart William Sanderson

March 21 *19*42

Case No. A-160 ✓

ORDER FOR HEARING

This day Hobart William Sanderson *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Hobart William Sanderson

Probate Court, Union **County, Ohio**

March 21 *19*42

Case No. A-160

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Hobart William Sanderson

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Charles William Sanderson and Nora D Sanderson, ~~the father and mother of the applicant, two credible witnesses~~; *that notice of the hearing on said application has been* ~~dispensed with~~; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution In this community 32 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor (City) (Village) (Township)

(d) Street No.

3. Full name of child Sanderson (Surname) Hobart (First) William (Middle)

4. Date of birth Oct. 27. 1897 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sanderson (Surname) Chas. (First) Wm. (Middle)

10. Color or race White 11. Age at time of this birth 34 yrs.

12. Birthplace Knoxville, (City, town, or county) Iowa (State or foreign country)

13. Usual occupation barber

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Dye (Surname) Nora (First) (Middle)

16. Color or race White 17. Age at time of this birth 32 yrs.

18. Birthplace Mechanicsburg, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. J.B. Taylor

Address Broadway, Ohio

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Ramoth Harvey Willis

Case No. A-161

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Broadway
(City) (Village) (Township)

(c) Name of hospital or institution: ———
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community 27 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Broadway
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Willis (Surname) Ramoth (First) Harvey (Middle)

4. Date of birth 3/15/1881 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Willis (Surname) Ramoth (First) Harvey (Middle)

10. Color or race white 11. Age at time of this birth ——— yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Foulk (Surname) Hattie (First) M. (Middle)

16. Color or race white 17. Age at time of this birth ——— yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Taylor
Address Broadway, Ohio
———
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not correctly recorded.

Your applicant hereby makes application for an order of the Court, directing correction of record *, as provided by law.*

Ramoth Harvet Willis *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ramoth Harvey Willis *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 21st *day of* March *19* 42.

Alnet Mayer
Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ——— **County, Ohio**

In the Matter of ———

of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19* ———.

———
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lewis Willis, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lewis Willis

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 21st *day of* March *19* 42.

Christine Baker
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Leota Kern, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Leota Kern

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 21st *day of* March *19* 42.

Christine Baker
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of the birth record

of Ramoth Harvey Willis

March 21st *19* 42

Case No. A-161

ORDER FOR HEARING

This day Ramoth Harvey Willis *appeared in open court and filed an application for the* Correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearin be dispenced with

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Ramoth Harvey Willis

Probate Court, Union **County, Ohio**

March 21st *19* 42

Case No. A-161

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ramoth Harvey Willis *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Lewis Willis, a cousin and Leota Kerns, a cousin, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 27 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth 3/15 th/1881 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Willis Ramoth (Surname) Harvey (First) (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Foulk (Surname) Hattie (First) M. (Middle)

16. Color or race white 17. Age at time of this birth ____ yrs.

18. Birthplace Union COunty, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Taylor

Address Broadway, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

that the first and middle name be added as follows:" Ramoth Harvey Willis," said record being recorded in recorded in Vol.2 page 34. no.517 of the Birth Records of Union County, Ohio

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) ____ (First) ____ (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court,_____County, Ohio

*In the Matter of the*_____
of _____

Case No. A-161*A

APPLICATION

*Your applicant respectfully represents that*_____*was born in*_____*County, Ohio; that*_____*now resides in*_____*; and that the following are the available facts with relation to*_____*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____
Surname First Middle

4. Date of birth_____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business_____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?_____

(b) How many other children were born alive but were then dead?_____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

*Your applicant further represents that the registration of*_____*birth* _____

*Your applicant hereby makes application for an order of the Court, directing*_____*, as provided by law.*

_____ *Applicant*

The State of Ohio,_____County.

*The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as*_____*verily believes.*

_____ *Applicant*

*P. O. Address*_____

*Sworn to before me and signed in my presence this*_____*day of*_____*19*____.

_____

_____
(Official Title)

AFFIDAVIT

Probate Court,_____County, Ohio

*In the Matter of*_____
of _____

The State of Ohio,_____County, ss.

I, _____*, do hereby certify that I was the physician in attendance at the birth of*_____*, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____*Attending Physician*

*P. O. Address*_____

*Sworn to before me and signed in my presence this*_____*day of*_____*19*____.

_____

_____
(Official Title)

The State of Ohio,_____County, ss.

I, _____*, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

*P. O. Address*_____

*Sworn to before me and signed in my presence this*_____*day of*_____*19*____.

_____

_____
(Official Title)

The State of Ohio,_____County, ss.

I, _____*, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

*P. O. Address*_____

*Sworn to before me and signed in my presence this*_____*day of*_____*19*____.

_____

_____
(Official Title)

Probate Court,_____County, Ohio

*In the Matter of the*_____
of _____

_____*19*____

*Case No.*_____

ORDER FOR HEARING

This day _____*appeared in open court and filed an application for the* _____.

*It is ordered that hearing on said application*_____

*It is further ordered by The Court that*_____*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page_____ _____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of John Elmer Durr

Probate Court, Hardin County, Ohio

March 20 1942

Case No. A-161-A (12477)

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of John Elmer Durr to correct his birth came on for hearing. The applicant and Lucy Elliott and Caroline Green witnesses having been examined in open Court and the said applicant having submitted the affidavits of Lucy Elliott and Caroline Green and the following documentary evidence, viz: The marriage record of the applicant found in this Court according to Vol. 15, page 168, in support of said application, the Court finds that the appli- ** *for an order of The Court correcting* xxxxxxxx *birth record, as it is registered in the office of* x *on consideration of the evidence submitted, finds that the facts stated in the application are supported by:* *that notice of the hearing on said application has been* x *; and (being convinced the claim of the* x *applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Twp. (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Twp. (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Durr (Surname) John (First) Elmer (Middle)

4. Date of birth April 10, 1884 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Durr, (Surname) Peter (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Baden (City, town, or county) Germany (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Holt, (Surname) Rebecca (First) Hope (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Champaign, County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother: one

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Marrow

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: ** cant's birth should be corrected in accordance with the following facts:

It is, therefore, ordered that the registration of the birth of said applicant be corrected in accordance with the finding of the Court herein and that a summary of the finding and order of this Court, duly certified, be transmitted forthwith to the State Director of Health at Columbus, Ohio, as provided by law.

(Birth Records of Union Co. Vol. 2, page 71, No. 448)

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth x *of the applicant is registered, as provided by law.*

Guernsey B. DeWitt *Probate Judge.*

(For Certification, see page 206-B)

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____

for an order of The Court directing the registration of ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Pearl Berry

Case No. A-162

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Minneapolis, Minn. *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Raymond (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 31 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Raymond (City) (Village) (Township)

(d) Street No.

3. Full name of child Berry (Surname) Pearl (First) (Middle)

4. Date of birth 2/15/1890 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Berry (Surname) William (First) (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Marion County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Anthony (Surname) Anna (First) (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother before this birth: 4
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Taylor
Address Raymond, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Pearl Berry *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Pearl Berry *Applicant*

P. O. Address Minnesota, Hennepin County,

Sworn to before me and signed in my presence this 14th *day of* March *19*42.

Edward H. Swanson
Notary Public (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Maud Elliott, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Maud Elliott

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 21st *day of* March *19*42.

Carrie W. Hornbeck
Probate Deputy (Official Title)

The State of Ohio, Union ~~Berry~~ **County, ss.**

I, John Berry, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Berry

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 21st *day of* March *19*42.

Carrie W. Hornbeck
Deputy (Official Title)

Probate Court, Union **County, Ohio**

March 21 *19*42

In the Matter of the Registration of Birth
of Pearl Berry

Case No. A-162 ✓

ORDER FOR HEARING

This day Pearl Berry *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

March 21st *19* 42

Case No. A-162

of Pear Berry

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Pearl Berry

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Maud Elliott and John Berry, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Raymond (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 31yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Raymond (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Berry (Surname) Pearl (First) _____ (Middle)

4. Date of birth 2/15/1890 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Berry (Surname) William (First) _____ (Middle)

10. Color or race White 11. Age at time of this birth 34 yrs.

12. Birthplace Marion County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Anthony (Surname) Anna (First) _____ (Middle)

16. Color or race White 17. Age at time of this birth 31 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 4

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Taylor

Address Raymond, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Harold William Smith

Case No. A-163

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Springfield, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 5 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Smith (Surname) Harold (First) William (Middle)

4. Date of birth Oct. 9, 1911 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith, (Surname) William (First) D. (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Warner, (Surname) Grace (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Shenandoah County, (City, town, or county) Virginia (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 4

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Alec Smith

Address Pottersburg, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Harold William Smith *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Harold William Smith *Applicant*

P. O. Address 628 East Street, Springfield, Ohio

Sworn to before me and signed in my presence this 21 *day of* March *19*42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Grace Warner Smith, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Grace Warner Smith

P. O. Address RFD, North Lewisburg, Ohio

Sworn to before me and signed in my presence this 21 *day of* March *19*42

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Smith, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary Smith

P. O. Address RFD# 1, North Lewisburg, O.

Sworn to before me and signed in my presence this 21 *day of* March *19*42

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the the registration of birth
of Harold William Smith

March 21 *19*42

Case No. 163

ORDER FOR HEARING

This day Harold William Smith *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Harold William Smith

Probate Court, Union **County, Ohio**

March 21 *19*42

Case No. A-163

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harold William Smith

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Grace Warner Smith and Mary Smith, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 5 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Smith (Surname) Harold (First) William (Middle)

4. Date of birth Oct. 9, 1911 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith, (Surname) William (First) D. (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Warner (Surname) Grace (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Shenandoah County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Alec Smith

Address Pottersburg, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth

of Howard Delmar Longshore

Case No. A-164

APPLICATION

Your applicant respectfully represents that he *was born in* Marion *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Marion

(b) Bowling Green (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Marion

(c) Bowling Green (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Longshore (Surname) Howard (First) Delmar (Middle)

4. Date of birth July 25, 1903 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet ____ If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Longshore, (Surname) Sidney (First) Lowell (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Brown, (Surname) Elizabeth (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Perry County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Siefert

Address LaRue, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 1?, page 1?1 No. 20 of records of birth in Marion County, Ohio, in that record gives the name as "Delmar H. Longshore" when said applicant's name is Howard Delmar Longshore.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record as provided by law.

Howard Delmar Longshore *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Howard Delmar Longshore *Applicant*

P. O. Address ____

Sworn to before me and signed in my presence this 1 *day of* April *19* 42.

(Seal)

Clifton L. Caryl,
Clifton L. Caryl, Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Sidney Lowell Longshore, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Sidney Lowell Longshore

P. O. Address ____

Sworn to before me and signed in my presence this 1 *day of* April *19* 42.

(Seal)

Clifton L. Caryl
Clifton L. Caryl, Notary Public, Union County, Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, Clarence Brown, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clarence N. Brown

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 1 *day of* April *19* 42.

(Seal)

Clifton L. Caryl
Clifton L. Caryl, Notary Public, Union County, Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Howard Delmar Longshore

April 1 *19* 42

Case No. A-164

ORDER FOR HEARING

This day Howard Delmar Longshore *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John M. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Howard Delmar Longshore

Probate Court, Union **County, Ohio**

April 1 *19* 42

Case No. A-164

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Howard Delmar Longshore *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Marion County, The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* evidence deemed sufficient by the Court; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Marion

(b) Bowling Green (City) (Village) (Township)

(c) Name of hospital or institution: At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Marion

(c) Bowling Green (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Longshore (Surname) Howard (First) Delmar (Middle)

4. Date of birth July 25, 1903 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Longshore (Surname), Sidney (First) Lowell (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Delaware County (City, town, or county), Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Brown (Surname), Elizabeth (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Perry County (City, town, or county), Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Siefert
Address LaRue, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: To read Howard Delmar Longshore. Said birth being recorded in Vol. 3 page 131 No. 20 of the records of birth of Marion County, Ohio as "Delmar H. Longshore"

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____

22. Attending Physician or Midwife
Name ____
Address ____
M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Louis Trell Mitchell

Case No. A-165

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Akron, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Mitchell (Surname) Louis (First) Trell (Middle)

4. Date of birth July 31, 1881 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mitchell (Surname) Frank (First) D. (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Darby Township, (City, town, or county) Union County, (State or foreign country) Ohio

13. Usual occupation laborer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Harper, (Surname) Ida (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name J. Charles McCune

Address Unionville Center, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Louis Trell Mitchell *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Louis Trell Mitchell *Applicant*

P. O. Address 73 North Summit Street, Akron, Ohio

Sworn to before me and signed in my presence this 24 *day of* March *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union Co. Ohio (Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of

of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Frank D. Mitchell, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Frank (his mark X) Mitchell

P. O. Address Unionville Center, Ohio

Sworn to before me and signed in my presence this 25 *day of* March *19* 42

John W. Dailey

(Seal) Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Nora Homsher, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Nora Homsher

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 25 *day of* March *19* 42.

John W. Dailey

(Seal) Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Louis Trell Mitchell

March 25 *19* 42

Case No. A-165

ORDER FOR HEARING

This day Louis Trell Mitchell *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

March 25 *19* 42

Case No. A-165

of Louis Trell Mitchell

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Louis Trell Mitchell

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Frank D. Mitchell and Nora Homsher, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Mitchell (Surname) Louis (First) Trell (Middle)

4. Date of birth July 31, 1881 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mitchell, (Surname) Frank (First) D. (Middle)

10. Color or race White 11. Age at time of this birth 24 yrs.

12. Birthplace Darby Township, (City, town, or county) Union County, (State or foreign country) Ohio

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Harper, (Surname) Ida (First) (Middle)

16. Color or race White 17. Age at time of this birth 20 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name J. Charles McCune

Address Unionville Center, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Lewis Charles Thompson

Case No. A-166

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Dublin, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 4 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, (City) (Village) (Township)

(d) Street No. 266 West Eighth St.

3. Full name of child Thompson (Surname) Lewis (First) Charles (Middle)

4. Date of birth Feb. 12, 1913 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson (Surname) Clair (First) Bowen (Middle)

10. Color or race white 11. Age at time of this birth 20 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Postman

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Kingsley (Surname) Frances (First) Ann (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Mechanicsburg, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. C. D. Mills
Address Marysville, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Lewis Charles Thompson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Lewis Charles Thompson *Applicant*

P. O. Address Dublin, Ohio

Sworn to before me and signed in my presence this 30th *day of* March *19* 42.

Undine Dailey
Probate Deputy
(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Clair B. Thompson, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clair B. Thompson

P. O. Address Marysville, Ohio RD5

Sworn to before me and signed in my presence this 30 *day of* March *19* 42.

Undine Dailey
Probate Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Frances K. Thompson, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Frances K. Thompson

P. O. Address Marysville, Ohio RD5

Sworn to before me and signed in my presence this 30th *day of* March *19* 42.

Undine Dailey
Probate Deputy
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of Birth
of Lewis Charles Thompson

March 30, 19 42

Case No. A-166

ORDER FOR HEARING

This day Lewis Charles Thompson *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be, and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____ *for an order of The Court correcting* _____ *birth record, as it is registered in the office of* _____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of Lewis Charles Thompson

March 30 *19*42

Case No. A-166

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lewis Charles Thompson *for an order of The Court directing the registration of* his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of the parents, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: 266 W. 8th. St. (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 4 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. 266 W. 8th. St

3. Full name of child Thompson (Surname) Lewis (First) Charles (Middle)

4. Date of birth 2/12/1913 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson (Surname) Clair (First) Bowen (Middle)

10. Color or race white 11. Age at time of this birth 20 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Mail Carrier

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Kingsley (Surname) Frances (First) Ann (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Mechanicsburg, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. C. D. Mills

Address Marysville, Ohio

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, _____ County, Ohio

In the Matter of the Registration of the Birth
of Arthur Mathias Bolenbaugh

Case No. A-167

APPLICATION

Your applicant respectfully represents that he *was born in* Marion *County, Ohio; that* he *now resides in* Union County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Marion

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 5 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Marion

(c) (near Morral) Co. (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Bolenbaugh (Surname) Arthur (First) Mathias (Middle)

4. Date of birth Aug. 5, 1910 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bolenbaugh (Surname) John (First) _____ (Middle)

10. Color or race White 11. Age at time of this birth 32 yrs.

12. Birthplace Celina (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Kershner (Surname) Dora (First) _____ (Middle)

16. Color or race White 17. Age at time of this birth _____ yrs.

18. Birthplace Paulding County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name unknown
Address _____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *as provided by law.*

Arthur Mathias Bolenbaugh *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Arthur Mathias Bolenbaugh *Applicant*

P. O. Address Marysville, RD4

Sworn to before me and signed in my presence this 31st *day of* March *19* 42.

Clifton L. Caryl
Notary Public (Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, John Bolenbaugh, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Bolenbaugh

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* March *19* 42.

Carrie W. Hornbeck
Probate Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Dora Bolenbaugh, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dora Bolenbaugh

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* March *19* 42.

Carrie W. Hornbeck
Probate Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the Birth
of Arthur Mathias Bolenbaugh

March 31 *19* 42

Case No. A-167 ✓

ORDER FOR HEARING

This day Arthur Mathias Bolenbaugh *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Arthur M athias Bolenbaugh

Probate Court, Union **County, Ohio**

March 31 *19* 42

Case No. A-168

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Arthur M athias Bolenbaugh

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of John Bolenbaugh and Dora Bolenbaugh credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Marion

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 5 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Marion

(c) near Morral
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Bolenbaugh Arthur Mathias
Surname First Middle

4. Date of birth Aug. 5. 1910
(Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bolenbaugh John
Surname First Middle

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Celina, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Kershner Dora
Surname First Middle

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Paulding County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name unknown

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Ethel Helen Dunbar

Case No. A-168

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Akron, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 16 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen
(City) (Village) (Township)

(d) Street No.

3. Full name of child Dunbar (Surname) Ethel (First) Helen (Middle)

4. Date of birth April 8, 1896 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Dunbar (Surname) Charles (First) Raymond (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Allen Twp., Union County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Carpenter, Myrtle (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 16 yrs.

18. Birthplace Allen Twp., Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Smith
Address Pottersburg, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Ethel Helen Dunbar, now Miller *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Ethel Helen Dunbar, now Miller *Applicant*

P. O. Address Route # 5, Box 101, South Akron, O.

Sworn to before me and signed in my presence this 28th *day of* March *19* 42.

Alnet Mayer

(Seal) Alnet Mayer, Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Dode Carpenter, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dode Carpenter

P. O. Address Peoria, Ohio, Rt. # 1

Sworn to before me and signed in my presence this 28th *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mae Poling, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mae Poling

P. O. Address Marysville, Ohio, Rt. #

Sworn to before me and signed in my presence this 28th *day of* March *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Ethel Helen Dunbar

March 28th *19* 42

Case No. 117

ORDER FOR HEARING

This day Ethel Helen Dunbar *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, Union **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

_____ March 28 _____ *19* 42

Case No. A-168

of Ethel Helen Dunbar

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ethel Helen Dunbar

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Mae Poling and Dode Carpenter, aunts of the applicant by affidavit, and the testimony of the said Mae Poling and Dode Carpenter; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) _____ Allen (City) (Village) (Township)

(c) Name of hospital or institution:

no (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 16 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) _____ Allen (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Dunbar (Surname) Ethel (First) Helen (Middle)

4. Date of birth April 8, 1896 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Dunbar (Surname) Charles (First) Raymond (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Allen Twp, Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Carpenter, Myrtle (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Allen Twp, Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Smith

Address Pottersburg, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Mary Olive McAllister

Case No. A-169

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Leesburg Township, Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 7 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. ____

3. Full name of child McAllister (Surname) Mary (First) Olive (Middle)

4. Date of birth Jan. 11, 1887 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McAllister, (Surname) William (First) G. (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Delaware County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name McFadden (Surname) Josephine (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Clinton County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? three

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Taylor, now deceased

Address Broadway, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been accurately recorded in Vol. 3, p.128 of the Records of Births of Union County, Ohio, in that it be corrected in the following particular

Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

from M.O.McAllister to Mary Olive McAllister; from 1886 to Jan.11,1887; from Josie McFadden to Josephine McFadden; from W.G.McAlister to William G. McAllister

Mary Olive McAllister Guthery *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Mary Olive McAllister Guthery *Applicant*

P. O. Address R. D. # 1, Marysville, Ohio

Sworn to before me and signed in my presence this 26 *day of* October *19* 42.

John W. Dailey

(Seal) P. J.

(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Frances L. Martin, not related to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Frances L. Martin

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 21st *day of* October *19* 42

C. A. Hoopes

(Seal) Notary Public

(Official Title)

The State of Ohio, Union **County, ss.**

I, W. C. Moore, unrelated to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

W. C. Moore

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 21st *day of* October *19* 42.

C.A. Hoopes

(Seal) Notary Public

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Mary Olive McAllister

October 26 *19* 42

Case No. A-169

ORDER FOR HEARING

This day Mary Olive McAllister *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Mary Olive McAllister

Probate Court, Union County, Ohio

October 26th 1942

Case No. A-169

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mary Olive McAllister *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Frances L. Martin and W. C. Moore, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Leesburg (Village) ____ (Township)

(c) Name of hospital or institution: At home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 7 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Leesburg (Village) ____ (Township)

(d) Street No. ____

3. Full name of child: McAllister (Surname) Mary (First) Olive (Middle)

4. Date of birth Jan. 11, 1887 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: McAllister (Surname) William (First) G. (Middle)

10. Color or race: white 11. Age at time of this birth: 30 yrs.

12. Birthplace: Delaware County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farming

14. Industry or business: ____

MOTHER OF CHILD

15. Full maiden name: McFadden (Surname) Josephine (First) ____ (Middle)

16. Color or race: white 17. Age at time of this birth: 26 yrs.

18. Birthplace: Clinton County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

22. Attending Physician or Midwife:

Name: Dr. Taylor, now deceased

Address: ____

M. D., midwife, or other: ____

21. Children born to this mother:

(a) How many other children of this mother are now living? three

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Mary Olive McAllister instead of M. O. McAlister; January 11th, 1887, instead of 1886; Josephine McFadden instead of Josie McFadden; William G. McAllister instead of W. G. McAlister.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) ____ (Village) ____ (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) ____ (Village) ____ (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) ____ (First) ____ (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of George Cornelius McEntire

Case No. A-170

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* *now resides in* the Village of Richwood *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty
(City) (Village) (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 26 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Liberty
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child McEntire (Surname) George (First) Cornelius (Middle)

4. Date of birth May 28, 1902 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: nine

8. Mother married? yes

FATHER OF CHILD

9. Full name McEntire (Surname) Chance (First) (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Smith, (Surname) Dora (First) Belle (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

22. Attending Physician or Midwife:
Name Dr. Thompson, Deceased
Address Raymond, Ohio
M. D., midwife, or other ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? One
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

George Cornelius McEntire *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

George Cornelius McEntire *Applicant*

P. O. Address 116 S. Clinton St. Richwood, Ohio

Sworn to before me and signed in my presence this 2nd *day of* April *19* 42.

Starling Dixon
Starling Dixon, Notary Public, Union County Ohio, My commission expires Jan. 13, 1945
(Official Title)

(Seal)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Edward Beany, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edward (his X mark) Beany

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 2 *day of* April *19* 42.

John W. Dailey
Probate Judge
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, William Trop, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

William (his X mark) Trop

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 2 *day of* April *19* 42

John W. Dailey
Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of George Cornelius McEntire

April 2 *19* 42

Case No. A-170

ORDER FOR HEARING

This day George Cornelius McEntire *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

April 2 *19*42

Case No. A-170

of George Cornelius McEntire

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of George Cornelius McEntire

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of William T. Trop and Edward Beany, credible witnesses; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty (City) (Village) (Township)

(c) Name of hospital or institution:

At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 26 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Liberty (City) (Village) (Township)

(d) Street No. _____

3. Full name of child McEntire (Surname) George (First) Cornelius (Middle)

4. Date of birth May 28, 1902 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD

9. Full name McEntire (Surname) Chance (First) (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Smith (Surname) Dora (First) Belle (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? One

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Thompson, Deceased

Address Raymond, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Frieda Elizabeth Ruhl

Case No. A-171

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 35 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby
(City) (Village) (Township)

(d) Street No.

3. Full name of child Ruhl (Surname) Frieda (First) Elizabeth (Middle)

4. Date of birth Sept. 1, 1903 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ruhl (Surname) John (First) S. (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Nicol (Surname) Magdalena (First) (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth: 8
(a) How many other children of this mother were living? 8
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Mary Margaret Ruhl
Address Darby Two. Union County, Ohio

M. D., midwife, or other grandmother of child

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Frieda Elizabeth Ruhl *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Frieda Elizabeth Ruhl *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* April *19* 42.

Wm. R. Cameron
Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Dora Hegenderfer aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dora Hegenderfer

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* April *19* 42.

Wm. R. Cameron
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Clara Neibler sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clara Neibler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* April *19* 42.

Wm. R. Cameron
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of Birth
of Frieda Eliz. Ruhl

April 2nd *19* 42

Case No. A-171

ORDER FOR HEARING

This day Frieda Elizabeth Ruhl *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith anf that notice of said hearing be dispensed wit

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Frieda Elizabeth Ruhl

Probate Court, Union **County, Ohio**

April 2nd *19* 42

Case No. A-171

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Frieda Elizabeth Ruhl

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Dora Hemenderfer and Clara Neibler, credible witnesses and her Babtisimal Certificate; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 33 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Ruhl (Surname) Frieda (First) Elizabeth (Middle)

4. Date of birth Sept. 1st, 1903 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ruhl (Surname) John (First) S (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Nicol Magdalena (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 8

(a) How many other children of this mother are now living? 8

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Mary Margaret Ruhl

Address Darby Township, Union County, Ohio

grandmother of child

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Ray Floyd Tunis Daum

Case No. A-172

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Paris Township, Union County; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township, Union County, Ohio
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 36 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township, Union County, Ohio
(City) (Village) (Township)

(d) Street No.

3. Full name of child Daum (Surname) Ray (First) Floyd (Middle) Tunis

4. Date of birth 3/23/24 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Daum (Surname) George (First) P. (Middle)

10. Color or race white — 11. Age at time of this birth 42 yrs.

12. Birthplace Paris Township, Union County
(City, town, or county) (State or foreign country)

13. Usual occupation Laborer

14. Industry or business Laborer

MOTHER OF CHILD

15. Full maiden name Streng, (Surname) Margaret (First) (Middle)

16. Color or race white — 17. Age at time of this birth 36 yrs.

18. Birthplace Darby Township, Union County
(City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Housewife

21. Children born to this mother before this birth: Nine
(a) How many other children of this mother were living? Eight
(b) How many other children were born alive but were then dead? One
(c) How many children were born dead? One

22. Attending Physician or Midwife:
Name Dr. Trell Henderson (deceased)
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Ray Floyd Tunis Daun *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ray Floyd Tunis Daum *Applicant*

P. O. Address RFD # 4, Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* April *19* 42.

William J. Porter

(Seal) William J. Porter, Notary Public, State of Ohio, My commission expires Jan. 16, 1945
(Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Margaret Daum, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Margaret Daum

P. O. Address RFD # 4, Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* April *19* 42.

Carrie W. Hornbeck

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, George P. Daum, Father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

George P. Daum

P. O. Address RFD # 4, Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* April *19* 42.

Carrie W. Hornbeck

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Ray Floyd Tunis Daum

April 1 *19* 42

Case No. A-172

ORDER FOR HEARING

This day Ray Floyd Tunis Daum *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ray Floyd Tunis Daum

Probate Court, Union **County, Ohio**

April 1st *19* 42

Case No. A-172

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ray Floyd Tunis Daum

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of George P. Daum and Margaret Daum, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township, Union County, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 36 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township, Union County (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Daum (Surname) Ray Floyd Tunis (First) (Middle)

4. Date of birth 3/23/24 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Daum (Surname) George (First) P. (Middle)

10. Color or race white 11. Age at time of this birth 42 yrs.

12. Birthplace Paris Township, Union County (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Streng (Surname) Margaret (First) (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Darby Township, Union County (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Housewife

21. Children born to this mother: nine

(a) How many other children of this mother are now living? eight

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? one

22. Attending Physician or Midwife

Name Dr. Trell Henderson (deceased)

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John M. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Marion Sanford Frazell

Case No. A-173

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Tucson, Arizona, Pima County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Plain City
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison and Union

(c) Plain City and London
(City) (Village) (Township)

(d) Street No.

3. Full name of child: Frazell (Surname) Marion (First) Sanford (Middle)

4. Date of birth 3/5/1896 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? yes

FATHER OF CHILD

9. Full name: Frazell (Surname), Sanford (First), Congress (Middle)

10. Color or race white 11. Age at time of this birth ____ yrs.

12. Birthplace: Union County (City, town, or county) ____ (State or foreign country)

13. Usual occupation: Farmer and carpenter

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Thompson, (Surname) Lora (First) (Middle)

16. Color or race white 17. Age at time of this birth ____ yrs.

18. Birthplace: Union County (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name ____

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly or accurately recorded in Vol. 3, page 65 *Your applicant hereby makes application for an order of the Court, directing* the correction of his birth *record, as provided by law.*

Marion Sanford Frazell *Applicant*

The State of Ohio, Arizona, Pima **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Marion Sanford Frazell *Applicant*

P. O. Address 2732 E. Helen, Tucson, Ariz.

Sworn to before me and signed in my presence this 25th *day of* March *19* 42.

Robert M. Riddell

(Seal) Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Arizona, Pima **County, ss.**

I, Mary Hasenzahl, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary Hasenzahl

P. O. Address 1008 Halycon Rd. Tucson, Ariz.

Sworn to before me and signed in my presence this 25th *day of* March *19* 42.

Robert M. Riddell

(Seal) Notary Public
(Official Title)

The State of Ohio, Indiana, Allen **County, ss.**

I, Thomas N. Frazell, Brother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

T. N. Frazell

P. O. Address 360 So. Cornell, Ft. Wayne, Ind.

Sworn to before me and signed in my presence this 31st *day of* March *19* 42.

John H. Kern,

(Seal) Notary Public, My commission expires Jan. 8, 1946
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record

of Marion Sanford Frazell

April 1 *19* 42

Case No. A-173

ORDER FOR HEARING

This day Marion Sanford Frazell *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Marion Sanford Frazell

Probate Court, Union **County, Ohio**

April 1 *19*42

Case No. A-173

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Marion Sanford Frazell *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County Probate Court. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Mary Hasenzahl and Thomas N. Frazell, credible witnesses, and the affidavit of the applicant; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Plain City (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison and Union

(c) Plain City and London (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Frazell (Surname) Marion (First) Sanford (Middle)

4. Date of birth 3/5/1896 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? yes

FATHER OF CHILD

9. Full name Frazell, Sanford Congress (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth ____ yrs.

12. Birthplace Union County, ____ (City, town, or county) (State or foreign country)

13. Usual occupation Farmer and carpenter

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Thompson, Lora (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth ____ yrs.

18. Birthplace Union County (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name ____

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That the name of the applicant be Marion Sanford Frazell instead of "Marion L. Frezel" as recorded in Volume 3, page 65, No. 106 of the Birth Records of this Court, and that the date of birth be March 5, 1896, instead of March 5, 1895.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

*19*____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O.

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Cloyce Herman Moore

Case No. A-174

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 18 yrs

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Moore (Surname) Cloyce (First) Herman (Middle)

4. Date of birth 7/28/1892 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? _____

FATHER OF CHILD

9. Full name Moore (Surname) John (First) Harvey (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Noggle Orpha Grayce (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Scott

Address LaRue, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Cloyce Herman Moore *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Cloyce Herman Moore *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* April *19* 42.

Mildred L. Fladt

Notary Public (Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, John Harvey Moore, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Harvey Moore

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 2nd *day of* April *19* 42.

Carrie W. Hornbeck

Probate Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Orpha Grayce Moore, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Orpha Grayce Moore

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 2nd *day of* April *19* 42.

Carrie W. Hornbeck

Probate Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the Birth

of Cloyce Herman Moore

April 2nd *19* 42

Case No. A-174

ORDER FOR HEARING

This day Cloyce Herman Moore *appeared in open court and filed an application for the* Registration of his birth.

It is ordered that hearing on said application be had forthwith and notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Cloyce Herman Moore

Probate Court, Union **County, Ohio**

April 2nd *19*42

Case No. A-174

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Cloyce Herman Moore

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of John Harvey Moore and Orpha Noggle Moore, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 18 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Moore (Surname) Cloyce (First) Harvey (Middle)

4. Date of birth 7/28/1892 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Moore (Surname) John (First) Harvey (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Noggle (Surname) Orpha (First) Grayce (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Scott

Address LaRue, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Frank Levi Taylor

Case No. A-176

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Westaryille, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Plain City (City) Jerome (Township) (Village)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 4 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Plain City (City) Jerome (Township) (Village)

(d) Street No. _____

3. Full name of child Taylor (Surname) Frank (First) Levi (Middle)

4. Date of birth 6/13/1891 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 7 months

8. Mother married? yes

FATHER OF CHILD

9. Full name Taylor (Surname) Levi (First) Franklin (Middle)

10. Color or race white 11. Age at time of this birth 51 yrs.

12. Birthplace Plain City (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Willings Maria Louise (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 39 yrs.

18. Birthplace Athens County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth: 1

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Howland

Address Plain City, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Frank Levi Taylor *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Frank Levi Taylor *Applicant*

P. O. Address 21 E.Home St.Westerville, Ohio

Sworn to before me and signed in my presence this 6th *day of* April *19* 42.

Mary L. Morris

Notary Public
(Official Title)

AFFIDAVIT

Probate Court, _____ County, Ohio

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, Aaron N. Noteman, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Aaron N. Noteman

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 6th *day of* April *19* 42.

Carrie M. Hornbeck

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Marion W. Taylor, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Marion W. Taylor

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* April *19* 42.

Carrie W. Hornbeck

Deputy
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth
of Frank, Levi Taylor

April 8, *19* 42

Case No. A-176 ✓

ORDER FOR HEARING

This day Frank Levi Taylor *appeared in open court and filed an application for the* Registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dsipensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Frank Levi Taylor

Probate Court, Union County, Ohio

April 8 *19* 42

Case No. A-176

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Frank Levi Taylor

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Aaron Noteman and Marion Taylor, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Plain City (City) (Village) Jerome (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 4 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Plain City (City) (Village) Jerome (Township)

(d) Street No. _____

3. Full name of child Taylor (Surname) Frank (First) Levi (Middle)

4. Date of birth 6/13/1891 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 7

8. Mother married? yes

FATHER OF CHILD

9. Full name Taylor (Surname) Levi (First) Franklyn (Middle)

10. Color or race white 11. Age at time of this birth 51 yrs.

12. Birthplace Plain City, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Willings (Surname) Maria (First) Louise (Middle)

16. Color or race white 17. Age at time of this birth 39 yrs.

18. Birthplace Coolville, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 2

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Howland

Address Plain City, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Clayton LeRoy Collins

Case No. A-177

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Union Co.-Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Broadway (City) Union Co- (Village) Taylor T.P. (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 23
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Broadway (City) Union Co.- (Village) Ohio (Township)
(d) Street No. ____

3. Full name of child Collins (Surname) Clayton (First) LeRoy (Middle)

4. Date of birth 11/13/1904 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Collins (Surname) Lewis (First) Harvey (Middle)
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Broadway (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Laborer
14. Industry or business Building Material Dealer

MOTHER OF CHILD

15. Full maiden name Malone (Surname) Carrie (First) May (Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Claibourne Township, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business none

21. Children born to this mother before this birth: 2
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name J. J. McCloud (Deceased)
Address ____
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* record has not been correctly recorded that the name appearing on the records in the Probate Court, Union Co. Ohio, is Luther JR Collins **
Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*
** which is incorect, the correct name is Clayton LeRoy Collins. Clayton LeRoy Collins *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Clayton LeRoy Collins *Applicant*
P. O. Address 118 S. Walnut Street, Marysville

Sworn to before me and signed in my presence this 6 *day of* April *19* 42.

L. H. Collins
(Seal) Notary Public, Union Co. Ohio
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Herman L. Collins, Uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Herman L. Collins
P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 4th *day of* April *19* 42.

L. H. Collins
(Seal) Notary Public, Union Co. Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, Macy B. Collins, Aunt (By Marriage), *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Macy B. Collins
P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 4 *day of* April *19*42.

L. H. Collins
(Seal) Notary Public, Union Co. Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Clayton LeRoy Collins

April 6th *19* 42

Case No. A-177 ✓

ORDER FOR HEARING

This day Clayton LeRoy Collins *appeared in open court and filed an application for the* correction of his own birth record.

It is ordered that hearing on said application be had forthwith and that notice thereofbe dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John M. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Clayton LeRoy Collins

Probate Court, Union County, Ohio

April 16 1942

Case No. A-177

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Clayton LeRoy Collins *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union Co. Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispenced with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union County

(b) Broadway, Taylor Twp. (City) (Village) (Township)

(c) Name of hospital or institution: on Main Street in Broadway (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 5 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway (City) Taylor Township (Village) (Township)

(d) Street No. Main Street, Broadway

3. Full name of child Collins (Surname) Clayton (First) LeRoy (Middle)

4. Date of birth 11/13/1904 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Collins (Surname) Lewis (First) Harvey (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Taylor Township, Union Co. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation laborer

14. Industry or business building material dealer

MOTHER OF CHILD

15. Full maiden name Malone, (Surname) Carrie (First) May (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Claibourne Township, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother: 2

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name J. J. Mcloud

Address Now deceased

M. D., midwife, or other

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That the name of the applicant appears on the records as Luther JR Collins, which is incorrect, and is corrected as follows, Clayton LeRoy Collins, in Vol. 3, page 40, No. 61.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Fred Harmon Maybee

Case No. A-178

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Chicago, Ill.; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 4 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Maybee (Surname) Fred (First) Harmon (Middle)

4. Date of birth Aug. 12, 1883 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Maybee (Surname) Hiram (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Salamanca (City, town, or county) New York (State or foreign country)

13. Usual occupation switchman

14. Industry or business railroad

MOTHER OF CHILD

15. Full maiden name Schlagel (Surname) Anna (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace St. Marys (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name not given

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Fred Harmon Maybee *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Fred Harmon Maybee *Applicant*

P. O. Address Chicago, Illinois

Sworn to before me and signed in my presence this 30th *day of* March *19* 42.

Alexander Ramlose

Notary Public
(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of the birth
of Fred Harmon Maybee

April 2 *19* 42

Case No. A-178 ✓

ORDER FOR HEARING

This day Fred Harmon Maybee *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application ____

It is further ordered by The Court that Alexander O. Ramlose *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

XXXXXXXX DEPOSITION Vol. 661
NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union County, Ohio

In the Matter of the REGISTRATION OF BIRTH

May 7th *19* 42

Case No. A-178

of Fred Harmon Maybee

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Fred Harmon Maybee

for an order of The Court directing the registration of his *birth.*

The Special Master Commissioner appointed by the Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* documentary evidence

_____; *that notice of the hearing on said application has been* dispensed with _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 4 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Maybee (Surname) Fred (First) Harmon (Middle)

4. Date of birth 8/12/1883 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Maybee (Surname) Hiram (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Salamanca (City, town, or county) New York (State or foreign country)

13. Usual occupation switchman

14. Industry or business railroad

MOTHER OF CHILD

15. Full maiden name Schlagel (Surname) Anna (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace St. Marys, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Howald Lawson Ford

Case No. A-179

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Paris (Township) (Village)

(c) Name of hospital or institution: At home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 24 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) Paris (Township) (Village)

(d) Street No. _____

3. Full name of child Ford (Surname) Howald (First) Lawson (Middle)

4. Date of birth Oct. 11, 1901 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ford (Surname) Charles (First) David (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Mahomet, (City, town, or county) Illinois (State or foreign country)

13. Usual occupation dairyman

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Singer, (Surname) Margarethe (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. John Woods

Address Deceased

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Howald Lawson Ford *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Howald Lawson Ford *Applicant*

P. O. Address _____

Sworn to before me and signed in my presence this 2nd *day of* April *19*42.

John W. Dailey

(Seal) Probate Judge

(Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Margarethe Ford, mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Margarethe Ford

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2 *day of* April *19*42.

John W. Dailey

Probate Judge

(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles D. Ford, father of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Chas. D. Ford

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2 *day of* April *19*42.

John W. Dailey

Probate Judge

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Howald Lawson Ford

April 2 *19*42

Case No. A-179 ✓

ORDER FOR HEARING

This day Howald Lawson Ford *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ 19____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Howald Lawson Ford

Probate Court, Union County, Ohio

April 2 19 42

Case No. A-179

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Howald Lawson Ford

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Charles David Ford, his father and Margarethe Singer Ford, his mother, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Paris (Village) (Township)

(c) Name of hospital or institution:

At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 24 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) Paris (Village) (Township)

(d) Street No. _____

3. Full name of child Ford (Surname) Howald (First) Lawson (Middle)

4. Date of birth Oct. 11, 1901 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet _____ If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ford (Surname) Charles (First) David (Middle)

10. Color or race W. 11. Age at time of this birth 25 yrs.

12. Birthplace Mahomet (City, town, or county) Illinois (State or foreign country)

13. Usual occupation Dairyman

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Singer, Margarethe (Surname) (First) (Middle)

16. Color or race W. 17. Age at time of this birth 24 yrs.

18. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. John Woods

Address Deceased

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Emanuel Edward Rogers

Case No. A-180

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

in hospital or institution ____ In this community 27 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Rogers (Surname) Emanuel (First) Edward (Middle)

4. Date of birth Oct. 30, 1890 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rogers, (Surname) Edward (First) William (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Dellinger, (Surname) Anna (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Buffington

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Emanuel Edward Rogers *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Emanuel Edward Rogers *Applicant*

P. O. Address Marysville, Ohio, R. 3

Sworn to before me and signed in my presence this 2 *day of* April *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Mary Golden, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary M. Golden

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 3 *day of* April *19* 42.

John W. Dailey

Probate Judge (Official Title)

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

Probate Court, Union **County, Ohio**

April 3 *19* 42

In the Matter of the registration of birth

of Emanuel Edward Rogers

Case No. 180

ORDER FOR HEARING

This day Emanuel Edward Rogers *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Emanuel Edward Rogers

Probate Court, Union **County, Ohio**

April 3 *19* 42

Case No. A-180

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Emanuel Edward Rogers

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Mrs. Mary Golden and documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 27 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Rogers (Surname) Emanuel (First) Edward (Middle)

4. Date of birth Oct. 30, 1890 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rogers (Surname) Edward (First) William (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Dellinger, Anna Elizabeth (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Buffington

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John M. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Thurman John Clevenger

Case No. A-181

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Toledo, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby Twp. (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 17 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby Twp. (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Clevenger (Surname) John (First) Thurman (Middle)

4. Date of birth Feb. 20, 1878 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Clevenger, (Surname) John (First) Theodore (Middle)

10. Color or race white — 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Lamme, (Surname) Anna (First) Flora (Middle)

16. Color or race white — 17. Age at time of this birth 22 yrs.

18. Birthplace ____ (City, town, or county) Illinois (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Mattoon

Address Unionville Center, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

John Thurman Clevenger *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

John Thurman Clevenger *Applicant*

P. O. Address 528 Oliver St. Toledo, Ohio

Sworn to before me and signed in my presence this 4th *day of* April *19*42.

John W. Dailey

(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of John Thurman Clevenger

April 4 *19*42

Case No. A-181

ORDER FOR HEARING

This day John Thurman Clevenger *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of John Thurman Clevenger

Probate Court, Union County, Ohio

April 4 19 42

Case No. A-181

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Thurman Clevenger

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Nellie Lamme Meola and Lillie E. Wise, credible witnesses, and documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby Twp. (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 17 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby Twp. (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Clevenger (Surname) John (First) Thurman (Middle)

4. Date of birth Feb. 20, 1878 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Clevenger (Surname) John (First) Theodore (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Lamme (Surname) Anna Flora (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Illinois (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Mattoon

Address Unionville Center, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Constance Engle

Case No. A-182

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Galion, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Taylor (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution x In this community 25 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Taylor (Township)

(d) Street No. ____

3. Full name of child: Engle (Surname) Constance (First) ____ (Middle)

4. Date of birth Oct. 20, 1902 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: none If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: nine

8. Mother married? yes

FATHER OF CHILD

9. Full name: Engle (Surname) Alva (First) A. (Middle)

10. Color or race: white 11. Age at time of this birth: 25 yrs.

12. Birthplace: Fayette County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farm laborer

14. Industry or business: farming

MOTHER OF CHILD

15. Full maiden name: Young (Surname) Matie (First) ____ (Middle)

16. Color or race: white 17. Age at time of this birth: 25 yrs.

18. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: none

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. D. J. Jenkins
Address Broadway, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Constance Engle *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Constance Engle *Applicant*

P. O. Address 225 N. Market St. Galion, Ohio

Sworn to before me and signed in my presence this 4th *day of* April *19* 42.

Richard C. Thrall
Justice of the Peace
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Matie Engle, the mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Matie Engle

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* April *19* 42.

Carrie W. Hornbeck
Deputy
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Mabelle Newlove, the cousin of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mabelle Newlove

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* April *19* 42.

Carrie M. Hornbeck
Deputy
(Official Title)

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Constance Engle

April 4 *19* 42

Case No. A-182

ORDER FOR HEARING

This day Constance Engle *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Constance Engle

Probate Court, Union County, Ohio

April 4 *19* 42

Case No. A-182

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Constance Engle

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Matie Engle and Mabelle Newlove, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor (City) (Village) (Township)

(c) Name of hospital or institution:

none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution X In this community 25 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Engle (Surname) Constance (First) _____ (Middle)

4. Date of birth Oct. 20, 1902 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet none If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Engle (Surname) Alva (First) A. (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Fayette County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farm laborer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Young, Matie (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. D. J. Jenkins

Address Broadway, Ohio

_____

M. D., midwife, or other M.D. Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of William Noel Yarrington

Case No. A-183

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Detroit, Michigan *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City) Taylor (Township) (Village)

(c) Name of hospital or institution: At home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community life

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway (City) Taylor (Township) (Village)

(d) Street No. ____

3. Full name of child Yarrington (Surname) William (First) Noel (Middle)

4. Date of birth June 20, 1897 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Yarrington (Surname), John (First) William (Middle)

10. Color or race W. 11. Age at time of this birth 20 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name McAdow (Surname), Blanche (First) (Middle)

16. Color or race W. 17. Age at time of this birth 18 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Taylor

Address Deceased

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

William Noel Yarrington *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Noel Yarrington *Applicant*

P. O. Address 9322 Winthrop St. Detroit, Michigan

Sworn to before me and signed in my presence this 6th *day of* April *19* 42.

(Seal)

Carrie W. Hornbeck

Deputy (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Blanche McAdow Yarrington, mother of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Blanche McAdow Yarrington

P. O. Address Claibourne, Ohio

Sworn to before me and signed in my presence this 6th *day of* April *19* 42.

(Seal)

Carrie W. Hornbeck

Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Jenny Graham, cousin of mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jenny Graham

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 6 *day of* April *19* 42.

(Seal)

Carrie W. Hornbeck

Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the William Noel Yarrington

of Detroit, Michigan

April 6 *19* 42

Case No. A-183 ✓

ORDER FOR HEARING

This day William Noel Yarrington *appeared in open court and filed an application for the* registration of birth.

It is ordered that hearing on said application be had forthwith, and notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of William Noel Yarrington

Probate Court, Union **County, Ohio**

April 6 *19*42

Case No. A-183

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Noel Yarrington

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Blanche McAdow, his mother and Mrs. Jenny Graham, his mother's cousin, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City) Taylor (Township)

(c) Name of hospital or institution:

At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway (City) Taylor (Township)

(d) Street No. _____

3. Full name of child Yarrington (Surname) William (First) Noel (Middle)

4. Date of birth June 20, 1897 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Yarrington (Surname) John (First) William (Middle)

10. Color or race W. 11. Age at time of this birth 20 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name McAdow (Surname) Blanche (First) _____ (Middle)

16. Color or race W. 17. Age at time of this birth 18 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Taylor

Address Deceased

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Ada Aller

Case No. A-184

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Buffalo, New York; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Twp. (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Twp. (City) (Village) (Township)

(d) Street No.

3. Full name of child Aller (Surname) Ada (First) (Middle)

4. Date of birth Dec. 18, 1898 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Aller, (Surname) Mervin (First) (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Richwood, (City, town, or county) Ohio, (State or foreign country) USA

13. Usual occupation plumber

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Cox (Surname) Grace (First) (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Licking Co. (City, town, or county) Ohio, (State or foreign country) USA

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Duke (since deceased)

Address Richwood, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Ada Aller
Ada Wagner (married name) *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Ada Aller
Ada Wagner (married name) *Applicant*

P. O. Address 562 Spring St. Buffalo, N.Y.

Sworn to before me and signed in my presence this 6th *day of* April *19* 42.

William L. Coleman

(Seal)

William L. Coleman, Notary Public, Union Co. Ohio. Com. exp. Aug. 17th, 1942
(Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of

of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Seal)

(Official Title)

The State of Ohio, Union **County, ss.**

I, Grace Layman, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Grace Layman

P. O. Address Agosta, Ohio

Sworn to before me and signed in my presence this 6th *day of* April *19* 42.

William L. Coleman

(Seal)

Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Emma Howison, Aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Emma Howison

P. O. Address RFD#, LaRue, Ohio

Sworn to before me and signed in my presence this 6th *day of* April *19* 42.

William L. Coleman

(Seal)

Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Ada Aller

April 6 *19* 42

Case No. A-184 ✓

ORDER FOR HEARING

This day Ada Aller *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

April 6 *19* 42

Case No. A-184

of Ada Aller

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ada Aller

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Grace Layman, and Mrs. Emma Howison, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Twp. (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Twp. (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Aller (Surname) Ada (First) _____ (Middle)

4. Date of birth Dec. 18, 1898 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Aller (Surname) Marvin (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Richwood, Ohio, (City, town, or county) USA (State or foreign country)

13. Usual occupation plumber

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Cox (Surname) Grace (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Licking Co. Ohio (City, town, or county) USA (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Duke (since deceased)

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John M. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Bacile Gilmore DeWitt

Case No. A-185

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Magnetic Springs (City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Magnetic Springs (City) (Village) (Township)

(d) Street No. ____

3. Full name of child DeWitt (Surname) Bacile (First) Gilmore (Middle)

4. Date of birth June 5, 1907 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name DeWitt (Surname) James (First) B. (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Magnetic Springs, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation engineer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Shirk (Surname) Ethel (First) May (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Magnetic Springs, O. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Jesse Conrad
Address Magnetic Springs, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Bacile Gilmore DeWitt *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Bacile Gilmore DeWitt *Applicant*

P. O. Address 2697 Cleveland Ave. Col. O.

Sworn to before me and signed in my presence this 20th *day of* July *19* 42.

Carrie W. Hornbeck

(Seal)

Deputy (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Uninn **County, ss.**

I, James B. DeWitt, father of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

James B. DeWitt

P. O. Address Magnetic Springs, O.

Sworn to before me and signed in my presence this 20 *day of* July *19* 42.

Carrie W. Hornbeck

(Seal)

Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Ethel May DeWitt, mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ethel May DeWitt

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 20th *day of* July *19* 42.

Carrie W. Hornbeck

(Seal)

Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Bacile Gilmore DeWitt

July 20 *19* 42

Case No. A-185

ORDER FOR HEARING

This day Bacile Gilmore DeWitt *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Bacile Gilmore DeWitt

Probate Court, Union County, Ohio

July 20 *19*42

Case No. A-185

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bacile Gilmore DeWitt

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of James B. DeWitt and Ethel May DeWitt, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Magnetic Springs, Ohio (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Magnetic Springs (City) (Village) (Township)

(d) Street No. _____

3. Full name of child DeWitt (Surname) Bacile (First) Gilmore (Middle)

4. Date of birth June 5, 1907 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name DeWitt (Surname) James (First) B. (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Magnetic Springs, O. (City, town, or county) (State or foreign country)

13. Usual occupation engineer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Shirk (Surname) Ethel (First) May (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Magnetic Springs, O. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Jesse F. Conrad

Address Magnetic Springs, O.

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Vivian Otto Warrick

Case No. A-186

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Detroit, Michigan *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) (City) York Township (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 32 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) (City) York Township (Village) (Township)

(d) Street No.

3. Full name of child Warrick (Surname) Vivian (First) Otto (Middle)

4. Date of birth March 21, 1898 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Warrick (Surname) William (First) Wilbur (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Shirk, (Surname) Jennie (First) Alice (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? two

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address York Center, Union County, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3, page 217, of the Birth Records of Union County, Ohio, in that his name appears in said records as "Virgil C.Warrick", instead of which his name should be correctly recorded as Vivian Otto Warrick

Your applicant hereby makes application for an order of the Court, directing correction of his birth record as provided by law.

Vivian Otto Warrick *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Vivian Otto Warrick *Applicant*

P. O. Address 760 Campbell Avenue, Detroit, Michigan

Sworn to before me and signed in my presence this 6th *day of* April *19*42.

(Seal)

Wm. R. Cameron
Wm. R.Cameron, Notary Public in and for Union County, Ohio
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Richard L. Cameron, second cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Richard L. Cameron

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* April *19*42.

Wm. R. Cameron

(Seal) Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Sterling L. Warrick, brother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Sterling L. Warrick

P. O. Address West Mansfield, R. D. #1

Sworn to before me and signed in my presence this 6th *day of* April *19*42.

Wm. R. Cameron

(Seal) Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Vivian Otto Warrick

April 6 *19*42

Case No. 186

ORDER FOR HEARING

This day Vivian Otto Warrick *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John M. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Vivian Otto Warrick

Probate Court, Union County, Ohio

April 6 19 42

Case No. A-186

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Vivian Otto Warrick *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio and the said Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Richard L. Cameron and Starling L. Warrick, two credible persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 32 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Warrick (Surname) Vivian (First) Otto (Middle)

4. Date of birth March 21, 1898 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Warrick (Surname) William (First) Wilbur (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Shirk, (Surname) Jennie (First) Alice (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address York Center, Union County, Ohio

M. D., midwife, or other

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name of said applicant be correctly stated to be Vivian Otto Warrick, instead of "Virgil C. Warrick" as the name incorrectly appears in Volume 3, page 217, of the Record of Births.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of _____

Probate Court, _____ County, Ohio

_____ 19____

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____ *for an order of The Court directing the registration of* _____ *birth.*

_____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth ____ yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth ____ yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Francis Leslie Dayton

Case No. A-187

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Union
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 5 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Union
(City) (Village) (Township)

(d) Street No.

3. Full name of child Dayton (Surname) Francis (First) Leslie (Middle)

4. Date of birth 7/25/1912 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Dayton (Surname) John (First) Leslie (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Madison County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Wilgus (Surname) Nellie (First) May (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Logan County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth: 2
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Aaron Boylan
Address Milford Center, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Francis Leslie Dayton *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Francis Leslie Dayton *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 8 *day of* April *19* 42.

Carrie W. Hornbeck
Deputy
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, John Leslie Dayton, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Leslie Dayton

P. O. Address Irwin, Ohio

Sworn to before me and signed in my presence this 8th *day of* April *19* 42.

Carrie W. Hornbeck
Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Nellie May Dayton, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nellie May Dayton

P. O. Address Irwin, Ohio

Sworn to before me and signed in my presence this 8 *day of* April *19* 42.

Carrie W. Hornbeck
Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Francis Leslie Dayton

April 8, 19 42

Case No. A-187 ✓

ORDER FOR HEARING

This day Francis Leslie Dayton *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Francis Leslie Dayton

Probate Court, Union **County, Ohio**

April 8 *19* 42

Case No. A-187

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Francis Leslie Dayton

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of John Leslie Dayton and Nellie May Dayton, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) _____ (City) (Village) Union (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 5yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) _____ (City) (Village) Union (Township)

(d) Street No. _____

3. Full name of child Dayton (Surname) Francis (First) Leslie (Middle)

4. Date of birth 7/25/1912 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Dayton, John Leslie (Surname) (First) (Middle)

10. Color or race White 11. Age at time of this birth 29 yrs.

12. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Wilgus, Nellie May (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 27 yrs.

18. Birthplace Logan County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother: 2

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Aaron Boylan

Address Milford Center, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Donald Edwin Larcom

Case No. A-188

APPLICATION

Your applicant respectfully represents that he *was born in* Delaware *County, Ohio; that* he *now resides in* Waldo, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Delaware

(b) ____ (City) ____ (Village) Scioto (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Delaware

(c) ____ (City) ____ (Village) Scioto (Township)

(d) Street No. ____

3. Full name of child Larcom (Surname) Donald (First) Edwin (Middle)

4. Date of birth Sept. 29, 1907 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Larcom (Surname) Collins (First) A. (Middle)

10. Color or race W. 11. Age at time of this birth 20 yrs.

12. Birthplace Essex (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Hazlett (Surname) Florence (First) R. (Middle)

16. Color or race White 17. Age at time of this birth 20 yrs.

18. Birthplace Bucyrus (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Jay Pounds

Address Deceased

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded, That it be recorded as Donald Edwin Larcom.

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Donald Edwin Larcom *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Donald Edwin Larcom *Applicant*

P. O. Address Waldo, R. D. 1

Sworn to before me and signed in my presence this 10th *day of* April *19* 42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Florence Larcom, mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Florence Larcom

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10 *day of* April *19* 42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, C. A. Larcom, father of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

C. A. Larcom

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10 *day of* April *19* 42.

John W. Dailey

(Seal) Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Donald Edwin Larcom

April 10 *19* 42

Case No. A-188

ORDER FOR HEARING

This day Donald Edwin Larcom *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union County, Ohio

In the Matter of the REGISTRATION OF BIRTH

April 10 *19*42

Case No. A-188

of Donald Edwin Larcom

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Donald Edwin Larcom

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by the testimony of the father and mother of the applicant, credible witnesses; *that*

notice of the hearing on said application has been dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Delaware

(b) Scioto (City) (Village) (Township)

(c) Name of hospital or institution:

At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Scioto (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Larcom (Surname) Donald (First) Edwin (Middle)

4. Date of birth Sept. 29, 1907 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Larcom (Surname) Collin (First) A. (Middle)

10. Color or race W. 11. Age at time of this birth 20 yrs.

12. Birthplace Essex (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Hazlett (Surname) Florence (First) R. (Middle)

16. Color or race W. 17. Age at time of this birth 20 yrs.

18. Birthplace Bucyrus (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Jay Pounds

Address Deceased.

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Harold Eugene Johnson

Case No. A-189

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 344 Sycamore Street, Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) 344 Sycamore Street, Marysville, O.
(City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) 344 Sycamore St. Marysville, Ohio
(City) (Village) (Township)
(d) Street No.

3. Full name of child: Johnson (Surname) Harold (First) Eugene (Middle)

4. Date of birth 1/15/1906 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Johnson (Surname) Clarence (First) James (Middle)
10. Color or race: white — 11. Age at time of this birth: 25 yrs.
12. Birthplace: Frozen Cant (City, town, or county) West Virginia (State or foreign country)
13. Usual occupation: laborer
14. Industry or business: laborer

MOTHER OF CHILD

15. Full maiden name: Hobbs (Surname) Ruby (First) Edna (Middle)
16. Color or race: white — 17. Age at time of this birth: 20 yrs.
18. Birthplace: 344 Sycamore St. Marysville, O. (City, town, or county) (State or foreign country)
19. Usual occupation: housewife
20. Industry or business: housewife

21. Children born to this mother before this birth: none
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? one

22. Attending Physician or Midwife:
Name Dr. Angus MacIvor
Address 110 North Court Street, Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3 page 107 of the Birth Records of Union County, Ohio. That the mothers maiden name be changed from Reba E. to Ruby Edna Hobbs; that the applicants name be changed from Harland to Harold Eugene Johnson; the date of the applicants birth be changed from January 12, 1907 to January 15,1906, and the fathers name be changed from Harland to Clarence James Johnson. *the corr. of his birth record as provided by law.*

Your applicant hereby makes application for an order of the Court, directing

Harold Eugene Johnson *Applicant*

The State of Ohio, ____ **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Harold Eugene Johnson *Applicant*

P. O. Address 344 Sycamore St. Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* April *19* 42

William J. Porter

(Seal)

William J. Porter, Notary Public, State of Ohio. My commission expires Jan. 16, 1945
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ruby Edna Johnson, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ruby Edna Johnson

P. O. Address 344 Sycamore St. Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* April *19* 42.

Carrie M. Hornbeck

(Seal)

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Verlorees W. Merritt, No relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Verlorees Merritt

P. O. Address 236 West 3rd St. Marysville, O.

Sworn to before me and signed in my presence this 8th *day of* April *19* 42.

Carrie M. Hornbeck

(Seal)

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

April 8 *19* 42

In the Matter of the correction of birth record
of Harold Eugene Johnson

Case No. A-189 ✓

ORDER FOR HEARING

This day Harold Eugene Johnson *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Harold Eugene Johnson

Probate Court, Union County, Ohio

April 8 192

Case No. A-189

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Harold Eugene Johnson *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union Co. Vol. 3, p. 107 The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) 344 Sycmore St. Marysville, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) 344 Sycmore St., Marysville, Ohio (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Johnson (Surname) Harold (First) Eugene (Middle)

4. Date of birth 1/15/1906 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Johnson (Surname) Clarence (First) James (Middle)

10. Color or race: white — 11. Age at time of this birth: 25 yrs.

12. Birthplace: Frozen Cant (City, town, or county) West Virginia (State or foreign country)

13. Usual occupation: laborer

14. Industry or business: laborer

MOTHER OF CHILD

15. Full maiden name: Hobbs (Surname) Ruby (First) Edna (Middle)

16. Color or race: white — 17. Age at time of this birth: 20 yrs.

18. Birthplace: 344 Sycmore St., Marysville, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: housewife

21. Children born to this mother: three

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? one

22. Attending Physician or Midwife:

Name: Dr. Angus MacIvor

Address: 110 North Court St., Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That the mother's maiden name be changed from Raba E. to Ruby Edna Hobbs and that the applicants name be changed from Harland to Harold Eugene Johnson and the date of the applicants birth be changed from January 12, 1907 to January 15, 1906, and the father's name be changed from Harland to Clarence James Johnson.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Florence Rose Clark

Case No. A-190

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* N. Lewisburg, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Twp. (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 29 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Twp. (City) (Village) (Township)

(d) Street No.

3. Full name of child Clark (Surname) Florence (First) Rose (Middle)

4. Date of birth March 9, 1906 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9 mo.

8. Mother married? yes

FATHER OF CHILD

9. Full name Clark (Surname) Lester (First) (Middle)

10. Color or race white — 11. Age at time of this birth 55 yrs.

12. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name McAdams (Surname) Mary (First) F. (Middle)

16. Color or race white — 17. Age at time of this birth 29 yrs.

18. Birthplace Allen Twp, Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Boylan

Address Milford Center, Ohio

M. D., midwife, or other

Your applicant further represents that the registration of her *birth has not been properly and correctly recorded in Vol. 3, page 41, of the records of births of Union County, Ohio*
Your applicant hereby makes application for an order of the Court, directing the correction of her birth record as provided by law.

Florence Rose Clark *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Florence Rose Clark *Applicant*

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 8th *day of* April *19* 42.

Alnet Mayer

(Seal) Alnet Mayer, Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Evah R. Holycross, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Evah R. Holycross

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* April *19* 42.

John W. Dailey

(Seal) P.J.
(Official Title)

The State of Ohio, Union **County, ss.**

I, Milo L. Myers, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Milo L. Myers

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* April *19* 42.

Alnet Mayer

(Seal) Alnet Mayer, Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Florence Rose Clark

April 8th *19* 42

Case No. A-190 ✓

ORDER FOR HEARING

This day Florence Rose Clark *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be forthwith had and notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Florence Rose Clark

Probate Court, Union **County, Ohio**

April 8th *19* 42

Case No. A-190

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Florence Rose Clark *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio, in record 3, page 41 of births, by adding thereto surname Florence Florence and middle name of Rose *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Eyab R. Holycross and Milo L. Myers, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Allen Twp. (Village) (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 29 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Allen Twp. (Village) (Township)

(d) Street No. ____

3. Full name of child: Clark (Surname) Florence (First) Rose (Middle)

4. Date of birth: March 9, 1906 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9 mo.

8. Mother married? yes

FATHER OF CHILD

9. Full name: Clark (Surname) Lester (First) ____ (Middle)

10. Color or race: white

11. Age at time of this birth: 55 yrs.

12. Birthplace: ____ (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation: farming

14. Industry or business: ____

MOTHER OF CHILD

15. Full maiden name: McAdams (Surname) Mary (First) F. (Middle)

16. Color or race: white

17. Age at time of this birth: 29 yrs.

18. Birthplace: Allen Twp, Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name: Dr. Boylan

Address: Milford Center, Ohio

M. D., midwife, or other: ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: by adding thereto the surname Florence and the middle name Rose, so that the full name of the applicant be "Florence Rose Clark", instead of ____Clark as appears in Vol. 3 of the birth records, on page 41, as found in the Probate Court, of Union County, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____

11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____

17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of George Ann Turner

Case No. A-191

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville
(City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 24 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Turner (Surname) Georgeann (First) (Middle)

4. Date of birth Aug. 15, 1926 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Turner (Surname) George (First) Court (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation truck driver

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Willamson, Bonnie Mildred (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Greenville (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. C. D. Mills

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration *, as provided by law.*

Georgeann Turner *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Georgeann Turner *Applicant*

P. O. Address 521 S Maple St. Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* June *19* 42.

William L. Coleman
Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, George Court Turner, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

George Court Turner

P. O. Address Springfield, Ohio

Sworn to before me and signed in my presence this 17th *day of* June *19* 42

William L. Coleman
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Bonnie Mildred Turner, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Bonnie Mildred Turner

P. O. Address Springfield, Ohio

Sworn to before me and signed in my presence this 17th *day of* June *19* 42.

William L. Coleman
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the Birth
of Georgeann Turner

June 17th *19* 42

Case No. A-191

ORDER FOR HEARING

This day Georgeann Turner *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take/submit testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—650-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Georgeann Turner

Probate Court, Union County, Ohio

June 17th *19*42

Case No. A-191

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Georgeann Turner

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of George Court Turner and Bonnie Mildred Turner, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 24 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Turner (Surname) Georgeann (First) _____ (Middle)

4. Date of birth 8/15/1926 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Turner (Surname) George (First) Court (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation truck driver

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Williamson, Bonnie Mildred (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Greenville, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. C. D. Mills

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of William Owen Curry

Case No. A-192

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 3 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Curry (Surname) William (First) Owen (Middle)

4. Date of birth 5/2/1899 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Curry (Surname) William (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace: Delaware (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Bonner (Surname) Nettie (First) M. (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace: Marion (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Drake
Address Magnetic Springs, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

William Owen Curry *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Owen Curry *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 9th *day of* April *19*42.

F. LeRoy Allen
Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ County, ss.

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Nettie M. Curry mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nettie M. Curry

P. O. Address ____

Sworn to before me and signed in my presence this 9th *day of* April *19*42.

John W. Dailey
Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Meda L. Decker sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Meda L. Decker

P. O. Address ____

Sworn to before me and signed in my presence this 9th *day of* April *19*42.

John W. Dailey
Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the Birth
of William Owen Curry

April 9th *19*42

Case No. 192 ✓

ORDER FOR HEARING

This day William Owen Curry *appeared in open court and filed an application for the* Registartion of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ 19____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of William Owen Curry

Probate Court, Union County, Ohio

April 9, 19 42

Case No. A-192

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Owen Curry

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the te stimony of Meda Decker and Nettie M. Curry, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) _____ Claibourne (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 3 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) _____ Claibourne (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Curry (Surname) William (First) Owen (Middle)

4. Date of birth 5/2/1899 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Curry (Surname) William (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Deleware (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Bonner (Surname) Nettie (First) M. (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Marion, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Drake

Address Magnetic Springs, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John M. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Pearl Fay Jackson

Case No. A-193

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Logan County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Taylor
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community 2 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Taylor
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Jackson (Surname) Pearl Fay (First) (Middle)

4. Date of birth 2/2/1883 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Jackson (Surname) Ozias (First) ——— (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Hamilton (Surname) Lucinda (First) ——— (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Valparaiso (City, town, or county) Indiana (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name ———
Address ———
———
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* birth is incorrectly recorded

Your applicant hereby makes application for an order of the Court, directing correction of the record, *as provided by law.*

Pearl Fay Jackson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Pearl Fay Jackson *Applicant*

P. O. Address East Liberty, Ohio

Sworn to before me and signed in my presence this 9th *day of* April *19* 42.

Clifton L. Caryl
Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ——— **County, Ohio**

In the Matter of ———
of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lucy Disbennett aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lucy Disbennett

P. O. Address Marysville, Ohio RFD

Sworn to before me and signed in my presence this 9th *day of* April *19* 42.

Clifton L. Caryl
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Franklin Jackson uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Franklin Jackson

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9 *day of* April *19* 42.

Clifton L. Caryl
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the Birth Record
of Pearl Fay Jackson

April 9 *19* 42

Case No. A-193

ORDER FOR HEARING

This day Pearl Fay Jackson *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Pearl Fay Jackson

Probate Court, Union County, Ohio

April 9, 1942

Case No. A-193

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Pearl Fay Jackson *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Taylor
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community 2 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Taylor
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Jackson (Surname) Pearl (First) Fay (Middle)

4. Date of birth 2/2/1883 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Jackson (Surname) Ozias (First) (Middle)

10. Color or race white

11. Age at time of this birth 22 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Hamilton (Surname) Lucinda (First) (Middle)

16. Color or race white

17. Age at time of this birth 18 yrs.

18. Birthplace Valparaiso, (City, town, or county) Indiana (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name ———

Address ———

M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

that name be corrected to Pearl Fay Jackson, and that the date of birth be corrected to February 2,1883 instead of December 14,1883.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ———

Probate Court, ——— County, Ohio

——— 19——

Case No. ———

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ——— *for an order of The Court directing the registration of* ——— *birth.*

———, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ———; *that notice of the hearing on said application has been* ———; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ———

(b) ——— (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ———

(b) County ———

(c) ——— (City) (Village) (Township)

(d) Street No. ———

3. Full name of child ——— (Surname) (First) (Middle)

4. Date of birth ——— (Month) (Day) (Year)

5. Sex ———

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy ———

8. Mother married? ———

FATHER OF CHILD

9. Full name ——— (Surname) (First) (Middle)

10. Color or race ———

11. Age at time of this birth ——— yrs.

12. Birthplace ——— (City, town, or county) ——— (State or foreign country)

13. Usual occupation ———

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name ——— (Surname) (First) (Middle)

16. Color or race ———

17. Age at time of this birth ——— yrs.

18. Birthplace ——— (City, town, or county) ——— (State or foreign country)

19. Usual occupation ———

20. Industry or business ———

21. Children born to this mother:

(a) How many other children of this mother are now living? ———

(b) How many other children were born alive but are now dead? ———

(c) How many children were born dead? ———

22. Attending Physician or Midwife

Name ———

Address ———

M. D., midwife, or other ——— Date signed ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

——— *Probate Judge.*

——— *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Leroy Orsamus Shirk

Case No. A-194

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Burton, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Raymond (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 26 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Raymond (City) (Village) (Township)
(d) Street No.

3. Full name of child Shirk (Surname) LeRoy (First) Orsamus (Middle)

4. Date of birth 4/18/1902 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Shirk (Surname) James (First) Marion (Middle)
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Ridgeway, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Poling (Surname) Cora (First) (Middle)
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 1

22. Attending Physician or Midwife:
Name Dr. Thompson
Address Raymond, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Leroy Orsamus Shirk *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Leroy Orsamus Shirk *Applicant*

P. O. Address Burton, Ohio RD#1

Sworn to before me and signed in my presence this 9th *day of* April *19* 42.

Alnet Mayer
Notary Public (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Cora Poling, Shirk, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Cora Poling Shirk

P. O. Address Zanesfield, Ohio

Sworn to before me and signed in my presence this 9th *day of* April *19* 42

Carrie W. Hornbeck
Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, O.D. Dillon, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

O.D. Dillon

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 9th *day of* April *19* 42.

Carrie W. Hornbeck
Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Leroy Orsamus Shirk

April 9th *19* 42

Case No. A-194

ORDER FOR HEARING

This day Leroy Orsamus Shirk *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

April 9th *19* 42

Case No. A-197

of Leroy Orsamus Shirk

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Leroy Orsamus Shirk

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Cora Poling Shirk and O.D. Dillon, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Raymond (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 26 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Raymond (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Shirk (Surname) Leroy (First) Orsamus (Middle)

4. Date of birth 4/18/1902 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Shirk (Surname) James (First) Marion (Middle)

10. Color or race white 11. Age at time of this birth 37 yrs.

12. Birthplace Rideway, Ohio (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Poling (Surname) Cora (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth _____ yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 1

22. Attending Physician or Midwife

Name Dr. Thompson

Address Raymond, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Union Co. No. A-197
In the Probate Court of Marion County, Ohio. In the Matter of the Correction of the Birth Record of Earl R. Fowler, Finding and Order. No. 381. This day this cause came on to be heard on the application of Earl R. Fowler for an order of the court correcting the birth record of the applicant as registered in the office of Union County Probate Court, Birth Record Vol. 2, page 71, No. 451; the court finds that notice of the hearing on said application has been dispensed with. The court, on consideration of the evidence submitted, finds thatthe application is supported by: Certified copy of original birth certificate, Certified copy of marriage application of applicant, Applicant's insurance policy. The court finds that the correct record of the birth of the applicant as follows: 1. Place of Birth: (a) County- Union. (b) Washington Twp. (c) Name of hospital or institution: Home. (d) Mother's stay before delivery: In this community 3 or 4 years. 2. Usual Residence of Mother: (At time of Delivery) (a) State-Ohio. (b) County-Union (c) Washington Twp. 3. Fullname of child: Fowler, Earl R. 4. Date of Birth: 4-12-1884. 5. Sex: M. 6. Twin or triplet -- . 7. Number months of pregnancy-9 8. Mother married? Yes. Father of Child: 9. Full name- Fowler, David H. 10. Color or race- W. 11. Age at time of this birth 25 yrs 12. Birthplace- Union Co., Ohio. 13. Usual occupation-farmer. Mother of Child: 15. Full maiden name- Snell, Carrie. 16. Color or race- W. 17. Age at time of this birth 19 yrs. 18. Birthplace- Hardin Co., Ohio. 19. Usual occupation- Housewife. 21. Children born to this mother: (a) How many other children of this mother are now living?--. (b) How many other children were born alive but are now dead?-- . (c) How many children were born dead? -- 22. Attending Physician or Midwife: Unknown. Applicant's name on original birth certificate is incorrect; should be Earl R. Fowler; birth date should be April 12, 1884 instead of Dec. 14, 1884. It is therefore ordered by the Court that the birth record of the applicant herein be and the same hereby is corrected, and that a certified copy of this order be transmitted to the office in which the said birth record of the applicant is registered, to be filed and recorded as provided by law. Oscar Gast, Judge of the Probate Court of Marion County, Ohio.

The State of Ohio, Marion County, ss. I, Oscar Gast, Judge and Ex-Officio Clerk of the Probate Court, within and for said county, and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is taken and copied from the Journal of the Proceedings of said Court; that the same has been compared by me with the original entry on said Journal and that it is a true and correct copy thereof. Witness my signature and the seal of said Court, this 5th day of January, 1942. Oscar Gast, Judge and Ex-Officio Clerk. By Mabel F. Seiter, Deputy Clerk (Seal)

Union Co. No. A-198
In the Probate Court of Marion County, Ohio. In the Matter of the Correction of the Birth Record of Earl Fay Collins. Finding and Order. Case No. 526. This day this cause came on to be heard on the application of Earl Fay Collins, for an order of the court correcting the birth record of the applicant as it is registered in the office of the Union County Probate Court, Birth Record Vol. 3, page 28, No. 60; the court finds that notice of the hearing on said application has been dispensed with. The court, on consideration of the evidence submitted, finds that the application is supported by: Marriage record in the Probate Court of Marion County, showing time andplace of birth, Certified copy of original birth record. Also Employment record from Marion Steam Shovel Co. dated Feb. 1918 showing time of birth. The court finds that the correct record of the birth of the applicant is as follows: 1. Place of Birth: (a) County-Union (b) TaylorTwp. (c) Nameof hospital or institution: Home. (d) Mother's stay before delivery: 2. Usual Residence of Mother: (At time of Delivery) (a) State-Ohio. (b) County-Union. (c) Taylor Twp. 3. Full name of child: Collins, Earl Fay. 4. Date of birth: 9-12-1887. 5. Sex: M. 6.Twin or triplet--. 7. Number months of pregnancy-9. 8. Mother married? Yes. Father of Child: 9. Full name-Collins, William. 10. Color or race-W. 11. Age at time of this birth 42 yrs. 12. Birthplace- Union Co1, Ohio. 13. Usual Occupation-farmer. Mother of Child: 15. Full maiden name- Pheasant, Mary Jane. 16. Color or race- W. 17. Age at time of this birth 37 yrs. 18. Birthplace- Union Co., Ohio. 19. Usual occupation-housewife. 21. Children born to this mother: (a) How many other children of this mother are now living? 5. (b) How many other children were born alive but are now dead? 2. (c) How many children were born dead? -0. 22. Attending Physician or Midwife: Dr. J. D. Taylor, Broadway, Ohio. Child not named at time record made and only the last name appears on the record. It is therefore ordered by the court that the birth record of the applicant herein be and the same hereby is corrected, and that a certified copy of this order be transmitted to the office in which the said birth record of the applicant is registered, to be filed and recorded as provided by law. Oscar Gast, Judge of the Probate Court of Marion County, Ohio.

The State of Ohio, Marion County, ss. I, Oscar Gast, Judge and Ex-officio Clerk of the Prob te Court, within and for said county, and in whose custody the files, journals and records of said court are required by the laws of the state of Ohio to be kept, do hereby certify that the foregoing is taken and copied from the Journal of the proceedings of said court; that the same has been compared by me with the original entry on said journal and that it is a true and correct copy thereof. Witness my signature and the seal of said court, this 23 day of Jan. 1942. Oscar Gast, Judge and Ex-officio Clerk. By Warren Bull, Deputy Clerk (Seal)

Union Co.No. A-199
In the Probate Court of Marion County, Ohio. In the Matter of the Correction of the Birth Record of Dwight Edward Malone. Finding and Order. Case No. 551. This day this cause came on to be heard on the application of Dwight Edward Malone, for an order of the court correcting the birth record of the applicant as it is registered in the office of Union County Probate Court, Birth Record Vol. 3, page 236, No. 257; the court finds that notice of the hearing on said application has been dispensed with. The court, on consideration of the evidence submitted,finds that the application is supported by: Certified copy of the originalbirth record. Affidavits of mother and aunt. The court finds that the correct record of the birth of the applicant is as follows: 1. Place of Birth (a) County-Union. (b) Taylor Twp., Broadway. (c) Name of hospital or institution: Home. (d) Mothers stay before delivery: In this community 20 yrs. 2. Usual Residence of Mother: (At time of Delivery) (a) State-Ohio. (b) County-Union. (c) Taylor Twp, Broadway. 3. Full name of child: Malone, Dwight, Edward. 4. Date of birth: 4-13-1906. 5. Sex: M. 6. Twin or triplet--. 7. Number months of pregnancy-9. 8. Mother married? yes. Father of Child: 9. Fullname- Malone, Louie. 10. Color or race: W. 11. Age at time of this birth 32 yrs. 12. Birthplace, Leesburg Twp, Ohio. 13. Usual occupation-farmer. Mother of Child: 15. Full maiden name- Moore, Eva. 16. Color or race- W. 17. Age at time of this birth 23 yrs. 18. Birthplace- Richwood, Union Co., O. 19. Usual occupation-housewife. 21. Children born to this mother: (a) How many other children of this mother are now living-2. (b) How many other children were born alive but are now dead? --. (c) How many children were born dead? --. 22. Attending Physician or Midwife: Dr. McCloud. Broadway, Ohio. Applicant's first and middle names were omitted from original record. It is therefore ordered by the court that the birth record of the applicant herein be and the same hereby is corrected, and that a certified copy of this order be transmitted to the office in which the said birth record of the applicant is registered, to be filed and recorded as provided by law. Oscar Gast, Judge of the Probate Court of Marion County, Ohio

The State of Ohio, Marion County, ss. I, Oscar Gast, Judge and ex-officio Clerk of the Probate Court , within and for said county, and in whose custody the files, Journals and records of said court are required by the laws of the state of Ohio to bekept, do hereby certify that the foregoing is taken and copied from the journal of the proceedings of said court; that the same has been compared by me with the original entry on said journal and that it is a true and correct copy thereof. Witness my signature and the seal of said court, this 27th day of January, 1942. Oscar Gast, Judge and ex-officio Clerk. By Mabel F. Seiter, Deputy Clerk (Seal)

From page 207 COMMISSION TO TAKE DEPOSITION. Probate Court, Union County, Ohio. Case No. A-107. In the Matter of the Registration of Birth of Madeline Madge Daniels. Commission. To Robert W. Kenny, Greeting: Know you, that I, Judge of the Probate Court of Union County, Ohio, h have appointed you, and by these presents do give you full power and authority to examine and take the deposition of Madeline Madge Daniels, applicant who resides at 321 Loma Place, Apt. 31, Los Angeles, Calif. and who is unable to appear in said court in the matter of the registration of birth of Madeline Madge Daniels, now a resident of Los Angeles, California, who has filed an application for the registration of her birth in the Probate Court of Union County, Ohio; and therefore I command you that at certain times and places appointed by you, you cause the said Madeline Madge Daniels to be brought before you, and then and there examine her, on oath or affirmation first taken before you, touching the registration of birth of the said Madeline Madge Daniels, and that you return her testimony, together with this commission, closed up under your seal, unto our said Court, with all convenient speed. In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Marysville, Ohio, this 4th day of February, 1942. John W. Dailey, Judge and ex-officio Clerk of the Probate Court (Seal)

(Filed April 13, 1942)

DEPOSITION OF MADELINE MADGE DANIELS. In the Matter of the Registration of Birth of Madeline Madge Daniels. Case No. A-107. Deposition. I, Robert W. Kenny, duly appointed and commissioned by the Judge of the Probate Court of the County of Union in the State of Ohio to take deposition of Madeline Madge Daniels, applicant in the matter of the registration of birth of Madeline Madge Daniels, now a resident of Los Angeles, Los Angeles, California, do hereby certify that in pursuance of said commission, I caused the said Madeline Madge Daniels, also known as M. D. Hart, to come personally before me at 229 North Broadway, Los Angeles, California, who being duly sworn according to law to speak the truth, the whole truth and nothing but the truth, concerning the registration of birth of Madeline Madge Daniels, testified as follows: Madeline Madge Daniels, the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, hereby swears that Madeline Madge Daniels was born in Union County, Ohio; that she is now a resident of Los Angeles, Los Angeles, California, and that the following are the available facts with relation to her birth, as of date of delivery: 1. PLACE OF BIRTH (a) County-Union. (b) Taylor (Township) (c) Name of Hospital or institution: At home. (d) Mother's stay before delivery: In this community greater part of life. 2. USUAL RESIDENCE OF MOTHER: (a) State-Ohio. (b) County-Union. (c) Taylor (Township) 3. Full name of child: Daniels, Madeline Madge. 4. Date of birth: April 17, 1903. 5. Sex: Female. 6. Twin or triplet-No. 7. Number months of pregnancy-9. 8. Mother married? yes. FATHER OF CHILD: 9. Full name- Daniels, William Wallace. 10. Color or race- White. 11. Age at time of this birth 27 yrs. 12. Birthplace-Marion, Ohio. 13. Usual occupation-Birth: farmer- now: Serv. station operator. MOTHER OF CHILD: 15. Full maiden name- Belle, Susan Anna. 16. Color or race-white. 17. Age at time of this birth 23 yrs. 18. Birthplace-Marion, Ohio. 19. Usual Occupation-housewife. 21. Children born to this mother before this birth. (a) How many children of this mother were living? none. (b) How many other children were born alive but were then dead? none. (c) How many children were born dead? none. 22. Attending Phyisician or Midwife: Name- Dr. Jenkins now deceased. Address- Broadway, Ohio. Applicant further swears that the registration of her birth is not recorded. Madeline Madge Stillings

CERTIFICATE. I hereby certify that the foregoing was reduced to writing by me, in the presence of Madeline Madge Daniels, the applicant herein, and was subscribed by her in my presence, on this 7th day of April, 1942. In Testimony Whereof, I have hereunto set my hand, at Los Angeles, California, this 7th day of April, 1942. Robert W. Kenny, Commissioner.

from page 221 COMMISSION TO TAKE DEPOSITION. Probate Court, Union County, Ohio. Case No. A-116 In the Matter of the Registration of the Birth of William Walter Lake. COMMISSION. To Harold L. Simms, Greeting: Know you, that I, Judge of the Probate Court of Union County, Ohio, have appointed you, and by these presents do give you full power and authority to examine and take the deposition of William Walter Lake who resides at 1401 First National Bank Bldg. El Paso, Texas, in the Matter of the registration of William W. Lake, now a resident of El Paso, Texasm who has filed an application for the registration of his birth in Union County, Ohio; and therefore I command you that, at certain times and places appointed by you, you cause the said William Walter Lake to be brought before you, and then and there examine him, on oath or affirmation first taken before you, touching the registration of birth of the said Wm. W. Lake, and that you return his testimony, together with this commission, closed up under your seal, unto our said court, with all convenient speed. In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Marysville, Ohio, this 28th day of February, 1942. John W. Dailey, Judge and ex-officio Clerk of the Probate Court (Seal)

DEPOSITION OF WILLIAM WALTER LAKE (Filed April 13, 1942)

In the Matter of the Registration of the birth of William Walter Lake. Case No.A-116. Deposition I, Harold L. Simms, duly appointed and commissioned by the Judge of the Probate Court of the County of Union in the State of Ohio, to take deposition of William Walter Lake , applicant in the matter of the registration of birth of Wm. W. Lake, now a resident of El Paso, El Paso, Texas, do hereby certify that in pursuance of said commission, I caused the said William Walter Lake to come personally before me at ElPaso, Texas, who, being duly sworn according to law tospeak the truth, the whole truth and nothing but the truth, concerning the registration of his birth of Wm. W. Lake, testified as follows: I, William W. Lake, the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, hereby swear that I, William W. Lake was born in Richwood, Union County, Ohio; that I am now a resident of El Paso, El Paso, Texas; and that the following are the available facts with relation to my birth, as of date of delivery: 1. PLACE OF BIRTH: (a) County-Union. (b) Richwood, Claibourne (Township) . (c) Name of hospital or institution: Home, 120 West Ottawa St. (d) Mother's stay before delivery: In this community 34 years. 2. USUAL RESIDENCE OF MOTHER: (a) State-Ohio. (b) County-Union. (C) Richwood, Claibourne. (d) Street No. 120 West Ottawa St. 3. FULL NAME OF CHILD: Lake, William Walter. 4. DATE OF BIRTH- June 8, 1891. 5. Sex: Male . 6. Twin or triplet- No. 7. Number months of pregnancy-9. 8. Mother married? yes. FATHER OF CHILD: 9. Full name- Lake, John. 10. Color or race-White. 11. Age at time of this birth 45 yrs. 12. Birthplace- Delaware County, Ohio. 13. Usual occupation- Farmer. 14. Industry or business- own farm. MOTHER OF CHILD: 15. Full maiden name- Biddle, Ellen Maria. 16. Color or race- white. 17. Age at time of this birth 38yrs. 18. Birthplace-Columbus, Ohio. 19. Usual Occupation- Housewife. 20. Industry or business- own home. 21. Children born to this mother before this birth. (a) How many other children of this mother were living? 3. (b) How many other children were born alive but were then dead? 1. (c) How many children were born dead? 0. 22. Attending Physician or Midwife: Name- B. P.Hall. Address-110 South Franklin St. Richwood, Ohio. M. D. Date signed,June 8, 1891. I further swear that the registration of my birth is not recorded. William Walter Lake. CERTIFICATE. I hereby certify that the foregoing was reduced to writing by me,in the presence of William Walter Lake, the applicant herein, and was subscribed by him in my presence,on this 10th day of April,1942. In Testimony Whereof,I have hereunto set my hand, at El Paso, ElPaso Co. Texas,this 10 day of April,1942. Harold L. Simms, Special Master Comm. Fees, $5.00

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Lutrell H Amerine

Case No. A-200

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 654 S. Remington Road Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 3 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No.

3. Full name of child Amrine (Surname) Lutrelle (First) H. (Middle)

4. Date of birth March 24, 1878 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 mo

8. Mother married? yes

FATHER OF CHILD

9. Full name Amrine (Surname) Josiah (First) (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Colflesh (Surname) Emma (First) (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

22. Attending Physician or Midwife:
Name Dr. Henderson
Address Marysville, Ohio
M. D., midwife, or other

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? One
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 1 p. 222 #229 of the birth records of Union County, Ohio, in that his first and middle names have been omitted therefrom, and reads "____ Amrine"; wherein Lutrelle H. should be added and should read "Lutrelle H. Amrine."

Your applicant hereby makes application for an order of the Court, directing the corr. of his birth record, as provided by law.

Lutrelle H. Amrine *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Lutrelle H. Amrine *Applicant*

P. O. Address 654 S. Remington Rd. Columbus, Ohio

Sworn to before me and signed in my presence this 11th *day of* April *19* 42.

Alnet Mayer

(Seal) Alnet Mayer, Notary Public
(Official Title)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of
of

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Milo L. Myers, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Milo L. Myers

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 11th *day of* April *19* 42.

Alnet Mayer

(Seal) Alnet Mayer, Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, L. W. Hazen, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

L. W. Hazen

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 11th *day of* April *19* 42.

Alnet Mayer

(Seal) Alnet Mayer, Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth record
of Lutrelle H. Amrine

April 11th *19* 42

Case No. A 200

ORDER FOR HEARING

This day Lutrelle H. Amrine *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be forthwith had and notice of said hearing be dispensed with.

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Lutrelle H. Amrine

Probate Court, Union **County, Ohio**

April 11th *19* 42

Case No. A 200

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Lutrelle H. Amrine *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio, in vol. 1, page 222 of the birth records, and the court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the applicant and the affidavits of Milo L. Myers and L. W. Hazen; *that notice of the hearing on said application has been* dispensed with and hearing set forthwith; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Amrine (Surname) Lutrelle (First) H. (Middle)

4. Date of birth March 24, 1878 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9 mo

8. Mother married? yes

FATHER OF CHILD

9. Full name: Amrine (Surname) Josiah (First) (Middle)

10. Color or race: white 11. Age at time of this birth: 23 yrs.

12. Birthplace: Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Colflesh (Surname) Emma (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 23 yrs.

18. Birthplace: Delaware (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Henderson

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: to-wit: Lutrelle H. Amrine, instead of _____ Amrine, that is, adding the first name and middle initial, "Lutrelle H." thereto.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Charles William Harper

Case No. A-201

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris (City) (Village) (Township)

(c) Name of hospital or institution: County, Infirmary (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution 1 month In this community 1yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Unionville Center (City) (Village) (Township)

(d) Street No. none

3. Full name of child Harper (Surname) Charles (First) William (Middle)

4. Date of birth June 6, 1897 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Harper (Surname) Joseph (First) Jr. (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business brickyard

MOTHER OF CHILD

15. Full maiden name Joyner (Surname) Mary (First) E (Middle)

16. Color or race White 17. Age at time of this birth 17 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Swisher

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not properly recorded

Your applicant hereby makes application for an order of the Court, directing correction of record *, as provided by law.*

Charles Wm Harper *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles William Harper *Applicant*

P. O. Address 188 N. Terrace Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 13th *day of* April *19* 42.

Richard C. Thrall

Notary Public (Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ County, ss.

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Josephine Ruh, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Josephine Ruh

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 13 *day of* April *19* 42.

Richard C. Thrall

Notary Public (Official Title)

The State of Ohio, ____ County, ss.

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record

of Charles William Harper

April 13 *19* 42

Case No. A-201

ORDER FOR HEARING

This day Charles William Harper *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Charles William Harper

Probate Court, Union County, Ohio

April 13th 19 42

Case No. A201

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Charles William Harper *for an order of The Court correcting* ____ *birth record, as it is registered in the office of* Probate Court of Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* The affidavit of Josephine Ruh and documentary proof; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ Paris
(City) (Village) (Township)

(c) Name of hospital or institution:
Union County Infirmary
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution 1 month In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ Unionville Center
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Harper (Surname) Charles (First) William (Middle)

4. Date of birth 6/6/1897 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Harper (Surname) Joseph (First) Jr. (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business brickyard

MOTHER OF CHILD

15. Full maiden name Joyner (Surname) Mary (First) E. (Middle)

16. Color or race white 17. Age at time of this birth 17 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housekeeper

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Swisher
Address Marysville, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

the record of said birth as recorded in Vol.3, page 104 of the record of births of Union County, Ohio, on file in the office of the Probate Court of Union County, Ohio, be corrected by changing the name of the applicant from Charles W. Joyner, to Charles William Harper.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____
(City) (Village) (Township)

(c) Name of hospital or institution:
____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____

22. Attending Physician or Midwife
Name ____
Address ____
M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____
Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Robert Haines

Case No. A-202

APPLICATION

Your applicant respectfully represents that he *was born in* Delaware *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Delaware

(b) Delaware (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 5 years

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Haines (Surname) Robert (First) none (Middle)

4. Date of birth Apr. 25, 1907 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Haines (Surname) Webster (First) none (Middle)

10. Color or race: white 11. Age at time of this birth: 24 yrs.

12. Birthplace: Grove City (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Thomas (Surname) Myrtle (First) none (Middle)

16. Color or race: white 17. Age at time of this birth: 21 yrs.

18. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Fish

Address Delaware, Ohio

now deceased

M. D., midwife, or other none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration *, as provided by law.*

Robert Haines *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Robert Haines *Applicant*

P. O. Address 122 S. Walnut St. Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* April *19* 42.

John W. Dailey

(Seal) Probate Judge

(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Webster Haines, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Webster Haines

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* April *19*42.

John W. Dailey

(Seal) Probate Judge

(Official Title)

The State of Ohio, Union **County, ss.**

I, Myrtle Haines, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Myrtle Haines

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* April *19*42.

John W. Dailey

(Seal) Probate Judge

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth

of Robert Haines

April 13 *19*42

Case No. A-202 ✓

ORDER FOR HEARING

This day Robert Haines *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and notice thereof is dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Robert Haines

Probate Court, Union **County, Ohio**

April 13 *19* 42

Case No. A-202

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Robert Haines

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Webster Haines and Myrtle Haines, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Delaware

(b) Delaware (City) (Village) (Township)

(c) Name of hospital or institution: Home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 5 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Haines (Surname) Robert (First) None (Middle)

4. Date of birth Apr. 25, 1907 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Haines, (Surname) Webster (First) none (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Grove City (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Thomas (Surname) Myrtle (First) none (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Fish, Delaware, Ohio

Address now deceased

_____

M. D., midwife, or other none Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Sweeney *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Bessie Mae Robertson

Case No. A-203

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Agosta, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Jackson (Village) ____ (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 29 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Jackson (Township)

(d) Street No. ____

3. Full name of child Robertson (Surname) Bessie (First) Mae (Middle)

4. Date of birth August 18, 1895 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Robertson (Surname) Jesse (First) Bell (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Godfrey (Surname) Elizabeth (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? five
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name S. W. Mattox, M.D.
Address Marion, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth *, as provided by law.*

Bessie Mae Robertson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Bessie Mae Gillespie *Applicant*

P. O. Address Agosta, Ohio

Sworn to before me and signed in my presence this 13th *day of* April *19* 42.

Starling Dixon

(Seal) Starling Dixon, Notary Public, Union County, Ohio, My commission expires Jan. 13, 1945
(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Robert R. Robertson, Uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Robert R. Robertson

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 14 *day of* April *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, John E. Dutton, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John E. Dutton

P. O. Address Agosta, Ohio, Marion Co.

Sworn to before me and signed in my presence this 14 *day of* April *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Bessie Mae Robertson

April 14 *19* 42

Case No. 203

ORDER FOR HEARING

This day Bessie Mae Robertson *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of Bessie Mae Robertson

April 14 *19*42

Case No. A-203

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bessie Mae Robertson

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Robert R. Robertson and John E. Dutton, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution: At home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution 29 yrs. In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No.

3. Full name of child Robertson (Surname) Bessie (First) Mae (Middle)

4. Date of birth August 13, 1895 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Robertson (Surname) Jesse (First) Bell (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Godfrey, Elizabeth (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? five

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name S. W. Mattox, M. D.

Address Marion, Ohio

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John M. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Dewey Lakin Shanks

Case No. A-204

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 655 Milford Avenue, Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) South Walnut St. Marysville, Ohio
(City) (Village) (Township)

(d) Street No.

3. Full name of child Shanks (Surname) Dewey (First) Lakin (Middle)

4. Date of birth 2/24/1900 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Shanks, (Surname) Oscar (First) E. (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Rosedale, Madison County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation general labor

14. Industry or business general labor

MOTHER OF CHILD

15. Full maiden name Hodge, (Surname) Alice (First) Mae (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Liberty Township, Union Co. Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother before this birth: three
(a) How many other children of this mother were living? three
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name None
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Dewey Lakin Shanks *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Dewey Lakin Shanks *Applicant*

P. O. Address 655 Milford Ave. Marysville, Ohio

Sworn to before me and signed in my presence this 18th *day of* April *19* 42.

William J. Porter

(Seal) Notary Public, State of Ohio
(Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Alice Mae Shanks, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Alice Mae Shanks

P. O. Address S. Walnut St. Marysville, Ohio

Sworn to before me and signed in my presence this 18th *day of* April *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Oscar E. Shanks, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Oscar E. Shanks

P. O. Address S. Walnut St., Marysville, Ohio

Sworn to before me and signed in my presence this 18th *day of* April *19* 42

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Dewey Lakin Shanks

April 18 *19* 42

Case No. A-204

ORDER FOR HEARING

This day Dewey Lakin Shanks *appeared in open court and filed an application for the* registration of birth.

It is ordered that hearing on said application be had forthwith and notice of hearing be dispensed with.

It is further ordered by the Court that ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ 19____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Dewey Lakin Shanks

Probate Court, Union County, Ohio

April 18 19 42

Case No. A-204

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Dewey Lakin Shanks

for an order of The Court directing the registration of his *birth.*

The Probate Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Alice Mae Shanks and Oscar E. Shanks, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) S. Walnut St., Marysville, Ohio (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Shanks (Surname) Dewey (First) Lakin (Middle)

4. Date of birth 2/24/1900 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Shanks, (Surname) Oscar (First) E. (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Rosedale, Madison Co. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation general labor

14. Industry or business general labor

MOTHER OF CHILD

15. Full maiden name Hodge, (Surname) Alice (First) Mae (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Liberty Township, Union Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother: three

(a) How many other children of this mother are now living? three

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name none

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Harold Dilo Sprague

Case No. A-205

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township
(City) (Village) (Township)

(d) Street No.

3. Full name of child Sprague (Surname) Harold (First) Dilo (Middle)

4. Date of birth June 3, 1901 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sprague (Surname) Alpha (First) Maywood (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Eaton (Surname) Nettie (First) May (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Champaign County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? 1

22. Attending Physician or Midwife:
Name Dr. Longbrake
Address Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Harold Dilo Sprague *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Harold Dilo Sprague *Applicant*

P. O. Address RFD #5, Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* April *19* 42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Harold Dilo Sprague

The State of Ohio, Union **County, ss.**

I, Dr. P. D. Longbrake, *do hereby certify that I was the physician in attendance at the birth of* Harold Dilo Sprague, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. D. Longbrake *Attending Physician*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* April *19* 42

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, Nettie May Sprague, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nettie M. Sprague

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* April *19* 42

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

The State of Ohio, County, ss.

I, , *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Harold Dilo Sprague

April 30 *19*42

Case No. A-205

ORDER FOR HEARING

This day Harold Dilo Sprague *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ~~the Court hereby is appointed Special Master Commissioner to take sworn testimony on said application if the services of a Special Master Commissioner are necessary~~; *and this cause is continued.*

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union County, Ohio

In the Matter of the REGISTRATION OF BIRTH

April 30 *19*42

Case No. A-205

of Harold Dilo Sprague

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harold Dilo Sprague

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavit of the physician in attendance and the testimony of Nellie May Sprague, crediblw witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 10 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Sprague (Surname) Harold (First) Dilo (Middle)

4. Date of birth June 3, 1901 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sprague, (Surname) Alpha (First) Maywood (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Eaton, (Surname) Nettie (First) May (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Champaign County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? 1

22. Attending Physician or Midwife

Name Dr. Longbrake

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Yetta Elizabeth Neibler

Case No. A-206

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 229 W. 8th St, Marysville *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 21 Yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Niebler (Surname) Yetta (First) Elizabeth (Middle)

4. Date of birth Oct 19, 1912 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Niebler (Surname) John G. Jr (First) (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Ruhl (Surname) Clara (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Carl Hoopes
Address Marysville, Ohio
M. D., midwife, or other M. D

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth *as provided by law.*

Yetta Elizabeth Niebler *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Yetta Elizabeth Niebler *Applicant*

P. O. Address 229 W. 8th Street, Marysville, Ohio

Sworn to before me and signed in my presence this 17 *day of* April *19*42.

Helen Hawke, Notary Public
Commission expires April 4, 1944
(Official Title)

AFFIDAVIT Probate Court, Union County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Clara Niebler, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clara Niebler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19* 42

Helen Hawke, Notary Public
Commission expires April 4, 1944
(Official Title)

The State of Ohio, Union **County, ss.**

I, Frieda Ruhl, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Frieda Ruhl

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19* 42.

Helen Hawke, Notary Public
Commission expires April 4, 1944
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Yetta Elizabeth Niebler

*19*____

Case No. 206

ORDER FOR HEARING

This day Yetta Elizabeth Niebler *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be forthwith and that notice there of be dispensed with

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Yetta Elizabeth Niebler

Probate Court, Union **County, Ohio**

April 17 *19*42

Case No. A-206

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Yetta Elizabeth Niebler

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Clara Niebler and Frieda Ruhl, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 21 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Niebler (Surname) Yetta (First) Elizabeth (Middle)

4. Date of birth Oct. 19, 1912 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet none If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Niebler (Surname) John (First) G. (Middle) Jr.

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Ruhl (Surname) Clara (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business x

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Carl Hoopes

Address Marysville, Ohio

_____

M. D., midwife, or other M.D. Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Forest Adeon Ebright

Case No. A-207

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center
(City) (Village) (Township)

(d) Street No.

3. Full name of child Ebright (Surname) Forest (First) Adeon (Middle)

4. Date of birth Oct. 31, 1911 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ebright (Surname) Harvey (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Tooley (Surname) Pearl (First) Ada (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Hancock County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Wills

Address Milford Center, Ohio

M. D., midwife, or other

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Forest Adeon Ebright *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Forest Adeon Ebright *Applicant*

P. O. Address RFD # , Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* April *19* 42.

Mildred L. Fladt

(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Harvey J. Ebright, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Harvey J. Ebright

P. O. Address RFD # 2, Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* April *19* 42

Mildred L. Fladt

(Seal) Notary Public, Union County, Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ernest Feenan, none, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ernest Feenan

P. O. Address RFD # 2, Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* April *19*42.

Mildred L. Fladt

(Seal) Notary Public, Union County, Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Forest Adeon Ebright

April 16 *19* 42

Case No. A-207

ORDER FOR HEARING

This day Forest Adeon Ebright *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be* xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Forest Adeon Ebright

Probate Court, Union County, Ohio

April 16 *19* 42

Case No. A-207

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Forest Adeon Ebright

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Harvey J. Ebright and Ernest Feenan, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Ebright (Surname) Forest (First) Adeon (Middle)

4. Date of birth Oct. 31, 1911 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet none If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ebright (Surname) Harvey (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Tooley (Surname) Pearl (First) Ada (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Hancock County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Wills

Address Milford Center, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Ben H. Potts

Case No. A-208

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) York Township (City) (Village) (Township)
(c) Name of hospital or institution: None (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 23 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) York Township (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Potts (Surname) Ben (First) H. (Middle)

4. Date of birth 9/26/1889 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Potts (Surname) John (First) A. (Middle)
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace York Township, Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Boggs (Surname) Hattie (First) E. (Middle)
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace York Township, Union Co. Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business housewife

21. Children born to this mother before this birth: one
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Hyde (deceased)
Address Summersville, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 155 of the Birth Records of Union County, Ohio.
Your applicant hereby makes application for an order of the Court, directing the correction of birth record *as provided by law.*

Ben H. Potts *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ben H. Potts *Applicant*
P. O. Address 531 E. 5th St., Marysville, Ohio

Sworn to before me and signed in my presence this 20th *day of* April *19*42.

William J. Porter
(Seal) Notary Public, State of Ohio (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Seal) (Official Title)

The State of Ohio, Union **County, ss.**

I, Lewis Turner, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lewis Turner
P. O. Address Maple St., Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* April *19*42.

John W. Dailey
(Seal) Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Coy Bailey, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Coy Bailey
P. O. Address N. Main St., Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* April *19*42.

John W. Dailey
(Seal) Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Ben H. Potts

April 28 *19*42

Case No. A-208

ORDER FOR HEARING

This day Ben H. Potts *appeared in open court and filed an application for the* corredtion of his birth record.

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Ben H. Potts

Probate Court, Union County, Ohio

April 28 19 42

Case No. A-208

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ben H. Potts *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York Township (City) (Village) (Township)

(c) Name of hospital or institution: None (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 23 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Potts (Surname) Ben (First) H. (Middle)

4. Date of birth 9/26/1889 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Potts (Surname) John (First) A. (Middle)

10. Color or race: white — 11. Age at time of this birth: 29 yrs.

12. Birthplace: York Township, Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farmer

MOTHER OF CHILD

15. Full maiden name: Boggs (Surname) Hattie (First) E. (Middle)

16. Color or race: white — 17. Age at time of this birth: 23 yrs.

18. Birthplace: York Township, Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: housewife

21. Children born to this mother: three

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Hyde (deceased)

Address Summersville, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the applicant's name be changed from Harry Albert Potts to Ben H. Potts and that the Applicants date of birth was September 26th, 1889 and not September 26th, 1890, as recorded in Volume 3, p.155, No. 330.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Elden McCarty

Case No. A-209

APPLICATION

Your applicant respectfully represents that he *was born in* Madison *County, Ohio; that* he *now resides in* Milford Center, Ohio *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Madison

(b) Pike Twp (City) (Village) (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 1 Yr
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Pike
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child McCarty (Surname) Elden (First) (Middle)

4. Date of birth Oct 10, 1908 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McCarty (Surname) Jonas (First) (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Gallia County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Shockey (Surname) Nellie (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Clark County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Jay Johnson
Address Irwin, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Elden McCarty *Applicant*

The State of Ohio, Union County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Elden McCarty *Applicant*

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 18th *day of* April *19* 42.

(Seal)

Helen Hawke, Notary Public Union Co. O.

Helen Hawke
(Official Title)

AFFIDAVIT Probate Court, Union County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ County, ss.

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union County, ss.

I, Nellie McCarty, the mother of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Nellie McCarty

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 18 *day of* April *19* 42

Richard C. Thrall,

Richard C. Thrall, Justice of Peace, Paris Township, Union County, Ohio
(Official Title)

The State of Ohio, Union County, ss.

I, Sarah Hall, an aunt of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Sarah Hall

P. O. Address Mechanicsburg, Ohio

Sworn to before me and signed in my presence this 18 *day of* April *19* 42.

(Seal)

Helen Hawke,

Helen Hawke, Notary Public.
(Official Title)

Probate Court, Union County, Ohio

April 18, *19* 42

In the Matter of the registration of birth
of Elden McCarty

Case No. A-211

ORDER FOR HEARING

This day Elden McCarty *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be held forthwith and that notice thereof be dispensed with

It is further ordered by The Court that [illegible] *and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal)

John W/Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Elden McCarty

Probate Court, Union County, Ohio

April 18, *19*42

Case No. A-209

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Elden McCarty

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Nellie McCarty and Sarah Hall, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Madison

(b) Pike (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 1 yr (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Pike (City) (Village) (Township)

(d) Street No. _____

3. Full name of child McCarty (Surname) Elden (First) _____ (Middle)

4. Date of birth Oct. 10, 1908 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McCarty (Surname) Jonas (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Gallia County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Shockey (Surname) Nellie (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Clark County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Jay Johnson

Address Irwin, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the Birth *of* Wilma Christine Ell

Case No. A-210

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— (City) Marysville (Village) ——— (Township)

(c) Name of hospital or institution: ———

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community 21 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— (City) Marysville (Village) ——— (Township)

(d) Street No. ———

3. Full name of child Ell (Surname) Wima (First) Christine (Middle)

4. Date of birth Aug. 3, 1906 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Ell (Surname) John (First) Samuel (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation electrician

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Morford (Surname) Emma (First) ——— (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 2

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. P.D. Longbrake

Address Marysville, Ohio

M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not properly recorded

Your applicant hereby makes application for an order of the Court, directing correction of birth record, *as provided by law.*

Wilma Christine Ell *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Wilma Christine Ell *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19* 42.

B. M. Sherman

Notary Public (Official Title)

AFFIDAVIT

Probate Court, ——— **County, Ohio**

In the Matter of ———

of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

(Official Title)

The State of Ohio, Union **County, ss.**

I, John Samuel Ell, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Samuel Ell

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19* 42.

John W. Dailey

Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Emma Ell, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Emma Ell

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19* 42.

John W. Dailey

Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record *of* Wilma Christine Ell

April 17 *19* 42

Case No. A-210

ORDER FOR HEARING

This day Wilma Christine Ell *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take/submit testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Wilma Christine Ell

Probate Court, Union County, Ohio

April 17 *19* 42

Case No. A-210

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Wilma Christine Ell *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Vol. 3, p. 59, No. 80 The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of John Samuel Ell and Emma Ell, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 21yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Ell (Surname) Wilma (First) Christine (Middle)

4. Date of birth Aug. 3rd. 1906 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ell (Surname) John (First) Samuel (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation electriciam

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Morford, Emma (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. P.D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

that the first name of the applicant be added to said record, the date of birth be August 3rd. 1906instead of August 9th,1906, and the mother's maiden name be Emma Morford instead of Emma Morland.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife
Name ____
Address ____
M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____
Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Robert Wendell Thomas

Case No. A-211

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Logan County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Allen Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 39 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Allen Township (City) (Village) (Township)
(d) Street No.

3. Full name of child Thomas (Surname) Robert (First) Wendell (Middle)

4. Date of birth Nov. 25, 1916 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thomas (Surname) Albert (First) W. (Middle)
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Hamilton County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Robinson, Estella L. (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 39 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Finsterwald
Address North Lewisburg, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Robert Wendell Thomas *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Robert Wendell Thomas *Applicant*
P. O. Address East Liberty, Ohio

Sworn to before me and signed in my presence this 20 *day of* April *19* 42.

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Estella Robinson Thomas, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Estella Robinson Thomas
P. O. Address RFD # 4, Marysville, Ohio

Sworn to before me and signed in my presence this 20 *day of* April *19* 42.

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Mary Edwards, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Mary Edwards
P. O. Address RFD # 4, Marysville, Ohio

Sworn to before me and signed in my presence this 20 *day of* April *19* 42.

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Robert Wendell Thomas

April 20 *19* 42

Case No. A-211 ✓

ORDER FOR HEARING

This day Robert Wendell Thomas *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Robert Wendell Thomas

Probate Court, Union County, Ohio

April 20 *19*42

Case No. A-211

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Robert Wendell Thomas

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Estella Robinson Thomas and Mrs. Mary Edwards, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 39 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Thomas (Surname) Robert (First) Wendell (Middle)

4. Date of birth Nov. 25, 1916 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thomas (Surname) Albert (First) W. (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Hamilton County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Robinson, (Surname) Estella (First) L. (Middle)

16. Color or race white 17. Age at time of this birth 39 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Finsterwald

Address North Lewisburg, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Henrietta Belt

Case No. A-212

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 31 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Paris Township (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Belt (Surname) Henrietta (First) ____ (Middle)

4. Date of birth 3-26-84 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet none If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Belt (Surname) Gilbert (First) A. (Middle)
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation contractor
14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Caryl (Surname) Rose (First) ____ (Middle)
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name ____
Address ____
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not properly and accurately recorded in Volume 2, page 67 of the record of Births of Union County, Ohio.
Your applicant hereby makes application for an order of the Court, directing the correction of her birth record *as provided by law.*

Henrietta Belt Baker *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Henrietta Belt Baker *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 30 *day of* June *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Dan Beightler, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dan Beightler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 30 *day of* June *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Elsie Beightler, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Elsie Beightler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 30 *day of* June *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Henrietta Belt

July 7 *19* 42

Case No. A-212

ORDER FOR HEARING

This day Henrietta Belt *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Henrietta Belt

Probate Court, Union County, Ohio

July 7 1942

Case No. A-212

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Henrietta Belt *for an order of The Court correcting* her *birth record, as it is registered in the office of* The Probate Court, Union Co. Ohio; Volume 2, page 67, No. 277. *The Court, on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 31 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Belt (Surname) Henrietta (First) ____ (Middle)

4. Date of birth 3-26-1884 (Month) (Day) (Year)

5. Sex: F.

6. Twin or triplet: none If so—born 1st, 2d, or 3d: none

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Belt (Surname) Gilbert (First) A. (Middle)

10. Color or race: white 11. Age at time of this birth: 35 yrs.

12. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation: contractor

14. Industry or business: ____

MOTHER OF CHILD

15. Full maiden name: Caryl, Rose (Surname) (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 31 yrs.

18. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

22. Attending Physician or Midwife: ---

Name ____

Address ____

M. D., midwife, or other ____

21. Children born to this mother:

(a) How many other children of this mother are now living? four

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the first name of the applicant be added to said record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ____ County, Ohio

In the Matter of the Registration of the Birth

of Charles Elmer Myers

Case No. A-213

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 25 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Myers (Surname) Charles (First) Elmer (Middle)

4. Date of birth Nov. 16, 1886 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Myers, Philip (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer, thresher

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Easter, Emma (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Vigor

Address New Dover, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Charles Elmer Myers *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles Elmer Myers *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 18 *day of* April *19* 42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Pearl Crist, stepmother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Pearl Crist

P. O. Address RFD # 1, Marysville, Ohio

Sworn to before me and signed in my presence this 18 *day of* April *19* 42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Arthur Gibson, none, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Arthur Gibson

P. O. Address New Dover, Ohio

Sworn to before me and signed in my presence this 18 *day of* April *19* 42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Charles Elmer Myers

April 18 *19* 42

Case No. A-213

ORDER FOR HEARING

This day Charles Elmer Myers *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Charles Elmer Myers

Probate Court, Union County, Ohio

April 18 *19*42

Case No. A-213

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Elmer Myers

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Mrs. Pearl Crist and Arthur Gibson, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 25 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Myers (Surname) Charles (First) Elmer (Middle)

4. Date of birth Nov. 15, 1886 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Myers, Philip (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer, thresher

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Eastep (Surname) Emma (First) (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Vigor

Address New Dover, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth

of Chester Floyd Mitchell

Case No. A-214

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* the City of Wheaton, DuPage County, Illinois *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby (City) (Village) (Township)

(c) Name of hospital or institution: —

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 11 months (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby (City) (Village) (Township)

(d) Street No.

3. Full name of child Mitchell (Surname) Chester (First) Floyd (Middle)

4. Date of birth Nov. 3, 1898 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mitchell (Surname) Alexander (First) Scott (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Reed (Surname) Adah (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Madison (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Charles O. McCune

Address Unionville Ctr. Ohio

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 140 of the birth records of Union County, Ohio, present record shows birth date to be May 10, 1898, which should be corrected to read November 3, 1898.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record as provided by law.

Chester Floyd Mitchell *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Chester Floyd Mitchell *Applicant*

P. O. Address 1220 N. Main St. Wheaton, Illinois

Sworn to before me and signed in my presence this 28 *day of* August *19*42.

Hazel Noteman

(Seal) Notary Public, Plain City, Ohio. (Official Title)

My commission expires 4/13/44

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of

of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Alexander Scott Mitchell, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Alexander Scott Mitchell

P. O. Address Plain City, R. 3

Sworn to before me and signed in my presence this 22 *day of* September *19*42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Adah Reed Mitchell, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Adah Reed Mitchell

P. O. Address Plain City, R. 3

Sworn to before me and signed in my presence this 22 *day of* September *19*42.

Carrie W. Hornbeck

Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Chester Floyd Mitchell

September 22 *19*42

Case No. A-214 ✓

ORDER FOR HEARING

This day Chester Floyd Mitchell *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Chester Floyd Mitchell

Probate Court, Union County, Ohio

September 22 1942

Case No. A-214

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Chester Floyd Mitchell *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union County. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Alexander Scott Mitchell and Adah Reed Mitchell, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— (City) Darby (Village) (Township)

(c) Name of hospital or institution: --

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community 11 months

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— (City) Darby (Village) (Township)

(d) Street No. ———

3. Full name of child Mitchell (Surname) Chester (First) Floyd (Middle)

4. Date of birth Nov. 3, 1898 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mitchell (Surname) Alexander (First) Scott (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Reed (Surname) Adah (First) ——— (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Madison (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Chester O. McCune

Address Unionville Ctr. Ohio

M. D., midwife, or other M. D.

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the birth date be Nov. 3, 1898, instead of May 10, 1898, as shown in Vol. 3, page 140, No. 191, of the birth records of this Court.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ———

Probate Court, ——— County, Ohio

——— *19*——

Case No. ———

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ——— *for an order of The Court directing the registration of* ——— *birth.*

———, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ———; *that notice of the hearing on said application has been* ———; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ———

(b) ——— (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community ———

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ———

(b) County ———

(c) ——— (City) (Village) (Township)

(d) Street No. ———

3. Full name of child ——— (Surname) (First) (Middle)

4. Date of birth ——— (Month) (Day) (Year)

5. Sex ———

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy ———

8. Mother married? ———

FATHER OF CHILD

9. Full name ——— (Surname) (First) (Middle)

10. Color or race ——— 11. Age at time of this birth ——— yrs.

12. Birthplace ——— (City, town, or county) ——— (State or foreign country)

13. Usual occupation ———

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name ——— (Surname) (First) (Middle)

16. Color or race ——— 17. Age at time of this birth ——— yrs.

18. Birthplace ——— (City, town, or county) ——— (State or foreign country)

19. Usual occupation ———

20. Industry or business ———

21. Children born to this mother:

(a) How many other children of this mother are now living? ———

(b) How many other children were born alive but are now dead? ———

(c) How many children were born dead? ———

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ———

Address ———

M. D., midwife, or other ——— Date signed ———

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O.

Form Approved by the Department of Health of Ohio

Page 55
Correction see Book 3. Reg. of Cor.

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of George Otto Michaels

Case No. A-215

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* birth *as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 15 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Michaels (Surname) George (First) Otto (Middle)

4. Date of birth 7/9/1906 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Michaels (Surname) Charles (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Washington (City, town, or county) County, (State or foreign country) Ohio

13. Usual occupation Farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Doellinger (Surname) Katherine (First) (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Trell Henderson
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *as provided by law.*

George Otto Michaels *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

George Otto Michaels *Applicant*

P. O. Address 337 Sycamore Street, Marysville, Ohio

Sworn to before me and signed in my presence this 26 *day of* June *19* 42

William L. Coleman, Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Peter Rausch, Uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

his
Peter X Rausch
Mark Witnessed by: William L. Coleman

P. O. Address Marysville, Ohio Rose Anna Coleman

Sworn to before me and signed in my presence this 26 *day of* June *19* 42.

William L. Coleman, Notary Public
(Official Title)

The State of Ohio, **County, ss.**

I, , *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of George Otto Michaels

June 26 *19* 42

Case No. A-215 ✓

ORDER FOR HEARING

This day George Otto Michaels *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ~~the Clerk of this Court be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this~~ cause is continued.

NOTICE OF HEARING RECORDED Page

John W. Bailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of George Otto Michaels

Probate Court, Union County, Ohio

June 26 *19*42

Case No. A- 215

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of George Otto Michaels

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Peter Rausch witness and good and sufficient documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 15 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paros Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Michaels (Surname) George (First) Otto (Middle)

4. Date of birth 7/9/1906 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Michaels (Surname) Charles (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Washington County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business general farming

MOTHER OF CHILD

15. Full maiden name Doellinger (Surname) Katherine (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

22. Attending Physician or Midwife

Name Dr. Trell Henderson

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

(Seal)

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Howard Schoby

Case No. A-216

APPLICATION

Your applicant respectfully represents that _____ was born in _____ County, Ohio; that _____ now resides in _____; and that the following are the available facts with relation to _____ birth as of the date of delivery:

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? _____

(b) How many other children were born alive but were then dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of _____ birth _____

Your applicant hereby makes application for an order of the Court, directing _____, as provided by law.

_____ *Applicant*

The State of Ohio, _____ **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as _____ verily believes.

_____ *Applicant*

P. O. Address _____

Sworn to before me and signed in my presence this _____ day of _____ 19____.

_____

_____ (Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ day of _____ 19____.

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ day of _____ 19____.

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ day of _____ 19____.

_____

_____ (Official Title)

Probate Court, _____ **County, Ohio**

In the Matter of the _____

of _____

_____ *19____*

Case No. 216

ORDER FOR HEARING

This day _____ *appeared in open court and filed an application for the* _____.

It is ordered that hearing on said application _____

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ _____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____

for an order of The Court directing the registration of _____ *birth.*

_____, *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by _____

_____; *that*

notice of the hearing on said application has been _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of James L. Thompson

Case No. A-217

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* New Kensington, Pennsylvania *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Watkins, Mill Creek
(City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution x In this community x
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Watkins, Mill Creek
(City) (Village) (Township)

(d) Street No.

3. Full name of child Thompson (Surname) James (First) Lewis (Middle)

4. Date of birth Jan. 1, 1879 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet x If so—born 1st, 2d, or 3d x

7. Number months of pregnancy --

8. Mother married? 1872

FATHER OF CHILD

9. Full name Thompson, (Surname) Wray (First) Thomas (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Watkins (City, town, or county) Ohio (State or foreign country)

13. Usual occupation merchant

14. Industry or business business

MOTHER OF CHILD

15. Full maiden name LeMay, (Surname) Mary (First) Alice (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother before this birth: three

(a) How many other children of this mother were living? three

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Pounds

Address Watkins, Union County, Ohio

M. D., midwife, or other none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been accurately recorded. Was recorded as Clifton- error by physician, in Vol. 2, page 6, No. 278

Your applicant hereby makes application for an order of the Court, directing the correction of my birth/record *, as provided by law.*

James Lewis Thompson *Applicant*

The State of ~~Ohio~~, Pennsylvania, Westmoreland County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

James Lewis Thompson *Applicant*

P. O. Address 130 Argonne Drive, New Kensington, Pa.

Sworn to before me and signed in my presence this 17th *day of* April *19* 42.

T. Dale Stewart

(Seal) Notary Public, my com. exp. Aug. 2, 1942
(Official Title)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of

of

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of Ohio, County, ss.

I, , *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of Ohio, County, ss.

I, , *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of James Lewis Thompson

April 20 19 42

Case No. A-217

ORDER FOR HEARING

This day James Lewis Thompson *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with.

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of James Lewis Thompson

Probate Court, Union County, Ohio

April 20 1942

Case No. A-217

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of James Lewis Thompson *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County Probate Court The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* good and sufficient documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Watkins, Mill Creek
(City) (Village) (Township)

(c) Name of hospital or institution:
at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution x In this community x
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Watkins, Mill Creek
(City) (Village) (Township)

(d) Street No.

3. Full name of child Thompson (Surname) James (First) Lewis (Middle)

4. Date of birth Jan. 1, 1879 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet X If so—born 1st, 2d, or 3d X

7. Number months of pregnancy --

8. Mother married? 1872

FATHER OF CHILD

9. Full name Thompson (Surname) Wray (First) Thomas (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Watkins (City, town, or county) Ohio (State or foreign country)

13. Usual occupation merchant

14. Industry or business business

MOTHER OF CHILD

15. Full maiden name LeMay (Surname) Mary (First) Alice (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother: three

(a) How many other children of this mother are now living? three

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Pounds

Address Watkins, Union County, Ohio

M. D., midwife, or other none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the given name of the applicant be registered as James Lewis instead of "Clifton" as recorded in Vol. 2, page 6, No. 278.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of _____

Probate Court, _____ County, Ohio

_____ 19____

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____ *for an order of The Court directing the registration of* _____ *birth.*

_____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) _____
(City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Eva Sara Volkmar

Case No. A-218

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in the* Village of Marysville *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) 724 E. 6th St., (City) Marysville, (Village) Ohio (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Ohio
(City) (Village) (Township)

(d) Street No. 724 E. 6th St., Marysville, Ohio

3. Full name of child Volkmar (Surname) Eva (First) Sara (Middle)

4. Date of birth 2/22/1898 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Volkmar, (Surname) Edward (First) (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Westerville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business laborer

MOTHER OF CHILD

15. Full maiden name Shirk (Surname) Myrtle (First) Catherine (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Taylor Township, Union County, O.
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother before this birth: two

(a) How many other children of this mother were living? two

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. A. B. Swisher (deceased)

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Eva Sara Volkmar *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Eva Sara Volkmar *Applicant*

P. O. Address 724 E. 6th St., Marysville, Ohio

Sworn to before me and signed in my presence this 23rd *day of* April *19*42.

William J. Porter

(Seal) Notary Public, State of Ohio
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Edward Volkmar, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Edward Volkmar

P. O. Address 724 E. 6th St., Marysville, O.

Sworn to before me and signed in my presence this 24th *day of* April *19*42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Margaret Collinson, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Margaret Collinson

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 24th *day of* April *19*42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Eva Sara Volkmar

April 24 *19*42

Case No. A-218

ORDER FOR HEARING

This day Eva Sara Volkmar *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with.

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Eva Sara Volkmar

Probate Court, Union County, Ohio

April 24 *19* 42

Case No. A-218

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Eva Sara Volkmar

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Edward Volkmar and Margaret Collinson, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) 724 E. 6th St., (City) Marysville, (Village) Ohio (Township)

(c) Name of hospital or institution:

none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Ohio (City) (Village) (Township)

(d) Street No. 724 E. 6th St., Marysville, Ohio

3. Full name of child Volkmar (Surname) Eva (First) Sara (Middle)

4. Date of birth 2/22/1898 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Volkmar (Surname) Edward (First) (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Westerville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business laborer

MOTHER OF CHILD

15. Full maiden name Shirk, Myrtle (Surname) Catherine (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Taylor Township, Union Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. A. B. Swisher (deceased)

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the birth record

of Mildred Rodgers

Case No. A-219

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Loraine, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) Claibourne (Township) (Village)

(c) Name of hospital or institution: At home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 22 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) Claibourne (Township) (Village)

(d) Street No. ____

3. Full name of child: Rodgers (Surname) Mildred (First) (Middle)

4. Date of birth: Mar. 18, 1895 (Month) (Day) (Year)

5. Sex: F.

6. Twin or triplet: single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Rodgers (Surname) Charles (First) William (Middle)

10. Color or race: white 11. Age at time of this birth: 25 yrs.

12. Birthplace: Richwood (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farming

14. Industry or business: ____

MOTHER OF CHILD

15. Full maiden name: White, (Surname) Mary (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 22 yrs.

18. Birthplace: Jackson Twp, (City, town, or county) Union Co. Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name: Dr. King

Address: Deceased

M. D., midwife, or other: ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 3, page 171 of the records of births of Union County, Ohio, in that her name is registered as Miller Rodgers and should be registered as Mildred Rodgers.

Your applicant hereby makes application for an order of the Court, directing the correction of her birth certificate *as provided by law.*

Mildred Wise *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Mildred Wise *Applicant*

P. O. Address 226 Oberlin Ave. Lorain, Ohio

Sworn to before me and signed in my presence this 22nd *day of* April *19*42.

John W. Dailey

(Seal) Probate Judge (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles William Rodgers, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles William Rodgers

P. O. Address LaRue, Ohio

Sworn to before me and signed in my presence this 22nd *day of* April *19*42.

John W. Dailey

(Seal) Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Rodgers, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary Rodgers

P. O. Address LaRue, Ohio

Sworn to before me and signed in my presence this 22nd *day of* April *19*42

John W. Dailey

(Seal) Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

April 22 *19*42

In the Matter of the correction of birth record

of Mildred Rodgers

Case No. A-219

ORDER FOR HEARING

This day Mildred Rodgers *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and he is appointed a Special Master Commissioner to take testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Mildred Rodgers

Probate Court, Union County, Ohio

April 22 19 42

Case No. A-219

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mildred Rodgers *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union Co., Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* evidence deemed sufficient; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) Claibourne (Village) (Township)

(c) Name of hospital or institution: At home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 22 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) Claibourne (Village) (Township)

(d) Street No. ____

3. Full name of child Rodgers (Surname) Mildred (First) ____ (Middle)

4. Date of birth Mar. 18, 1895 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rodgers (Surname) Charles (First) William (Middle)

10. Color or race W. 11. Age at time of this birth 25 yrs.

12. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name White (Surname) Mary (First) ____ (Middle)

16. Color or race W. 17. Age at time of this birth 22 yrs.

18. Birthplace Jackson Twp, Union Co., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. King

Address deceased

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that said record shall be corrected to read Mildred Rodgers instead of Miller Rodgers, as recorded in Vol. 3, page 171 No. 277 of the records of births, Union County, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of James Walter Ebright

Case No. A-220

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ~~City~~ ~~Village~~ Union (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 8 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Union (Township)

(d) Street No. ____

3. Full name of child Ebright (Surname) James (First) Walter (Middle)

4. Date of birth May 18, 1913 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d: x

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ebright (Surname) James (First) Hoadley (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Bice (Surname) Mary (First) Catherine (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Franklin Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? two
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Wills
Address Milford Center, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

James Walter Ebright *Applicant*

P. O. Address Marysville, Ohio, R. 3

Sworn to before me and signed in my presence this 26 *day of* May *19* 42.

Helen Hawke

(Seal) Notary Public
(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Catherine Ebright, the mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary Catherine Ebright

P. O. Address Marysville, Ohio, R. F. D. # 2

Sworn to before me and signed in my presence this 26 *day of* May *19* 42.

Helen Hawke

(Seal) Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, James Hoadley Ebright, the father of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

James Hoadley Ebright

P. O. Address Marysville, Ohio, R. F. D. # 2

Sworn to before me and signed in my presence this 26 *day of* May *19* 42.

Helen Hawke

(Seal) Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of the birth
of James Walter Ebright

May 26 *19* 42

Case No. A-220 ✓

ORDER FOR HEARING

This day James Walter Ebright *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

May 26 *19* 42

Case No. A-220

of James Walter Ebright

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Walter Ebright

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of his father and mother, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) _____ (City) (Village) Union (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 8 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Union (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Ebright (Surname) James (First) Walter (Middle)

4. Date of birth May 18, 1913 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d x

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ebright (Surname) James (First) Hoadley (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Bice (Surname) Mary (First) Catherine (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Franklin Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Wills

Address Milford Center, Ohio

_____

M. D., midwife, or other M. D. Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Fern Margaret Yoder

Case No. A- 221

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* ; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 30 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover
(City) (Village) (Township)

(d) Street No.

3. Full name of child Yoder (Surname) Pearl (First) Margaret (Middle)

4. Date of birth Sept. 13, 1916 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Pearl Leonard Yoder (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Alma Gamble (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 4

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Victor Weller

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Fern Margaret Yoder Hudson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Fern Margaret Yoder Hudson *Applicant*

P. O. Address 828 Delaware Ave, Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* April *19* 42.

Clifton L. Caryl, Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Pearl Leonard Yoder, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Pearl Leonard Yoder

P. O. Address Marysville, R. D, Ohio

Sworn to before me and signed in my presence this 24th *day of* April *19* 42.

Clifton L. Caryl, notary public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Alma Gamble Yoder, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Alma Gamble Yoder

P. O. Address Marysville, R. D., Ohio

Sworn to before me and signed in my presence this 24th *day of* April *19* 42.

Clifton L. Caryl, Notary public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Fern Margaret Yoder

April 24, *19* 42

Case No. A- 221

ORDER FOR HEARING

This day Fern Margaret Yoder *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be forthwith and that notice thereof be dispensed with

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner and this cause is continued.*

NOTICE OF HEARING RECORDED Page (Seal) John W. Bailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, Union County, Ohio

April 24, 1942

Case No. A-221

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____ *for an order of The Court correcting* _____ *birth record, as it is registered in the office of* _____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of Fern Margaret Yoder

April, 1942

Case No. A-221

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Fern Margaret Yoder *for an order of The Court directing the registration of* her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Pearl Yoder and Alma Gamble Yoder, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 30 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Yoder (Surname) Fern (First) Margaret (Middle)

4. Date of birth Sept. 13, 1916 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Yoder, Pearl Leonard (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Gamble Alma (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Victor Weller

Address Marysville, Ohio

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Bailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth

of Blaine Shirk

Case No. A-222

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty (City) (Village) (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 21 yr.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Liberty (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Shirk (Surname) Blaine (First) ____ (Middle)

4. Date of birth July 26, 1884 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Shirk (Surname) Elmer (First) Ellsworth (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Turner, Della (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name not known

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Blaine Shirk *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Blaine Shirk *Applicant*

P. O. Address 200 West Eight, Marysville, Ohio

Sworn to before me and signed in my presence this 25 *day of* April *19* 42.

J. C. Hartshorn

(Seal) Notary Public (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Adam W. Shirk Uncle, age 79 years, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Adam W. Shirk

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 25 *day of* April *19* 42.

J. C. Hartshorn

(Seal) Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Samuel N. Trout, None, age 73 years, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Samuel N. Trout

P. O. Address 510 W. Fourth, Marysville, Ohio

Sworn to before me and signed in my presence this 25 *day of* April *19* 42.

J. C. Hartshorn

(Seal) Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Blaine Shirk

May 2 *19*42

Case No. A-222

ORDER FOR HEARING

This day Blaine Shirk *appeared in open court and filed an application for the* registration of birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ be and he is appointed Special Master Commissioner to take testimony on said application and the Special Master Commissioner is necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court,_____County, Ohio

_____19____

*Case No.*_____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

*This day this cause came on to be heard on the application of*_____

*for an order of The Court correcting*_____*birth record, as it is registered in the office of*_____

_____*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*_____

_____;

*that notice of the hearing on said application has been*_____*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ Surname First Middle

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court,_____Union_____County, Ohio

In the Matter of the REGISTRATION OF BIRTH

Marysville, Ohio, May 2 19 42

*Case No.*_____A-222

of _____Blaine Shirk_____

FINDING AND ORDER — REGISTRATION OF BIRTH

*This day this cause came on to be heard on the application of*_____Blaine Shirk_____

*for an order of The Court directing the registration of*_____his_____*birth.*

_____The Court_____*, having personally examined the applicant in open court,*

*finds that the facts stated in the application are supported by*_____affidavits of two credible witnesses_____

_____*; that*

*notice of the hearing on said application has been*_____dispensed with_____*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____Union_____

(b) _____Liberty_____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____none_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____21 yrs._____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____Ohio_____

(b) County _____Union_____

(c) _____Liberty_____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____Shirk_____Blaine_____ Surname First Middle

4. Date of birth_____July 26, 1884_____ (Month) (Day) (Year)

5. Sex _____male_____

6. Twin or triplet _____no_____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____9_____

8. Mother married?_____yes_____

FATHER OF CHILD

9. Full name _____Shirk,_____Elmer_____Ellsworth_____ Surname First Middle

10. Color or race_____white_____ 11. Age at time of this birth_____23_____yrs.

12. Birthplace _____Union County_____ (City, town, or county) _____Ohio_____ (State or foreign country)

13. Usual occupation _____farmer_____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____Turner,_____Della_____ Surname First Middle

16. Color or race_____white_____ 17. Age at time of this birth_____21_____yrs.

18. Birthplace _____Union County,_____Ohio_____ (City, town, or county) (State or foreign country)

19. Usual occupation _____housewife_____

20. Industry or business_____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____none_____

(b) How many other children were born alive but are now dead?_____none_____

(c) How many children were born dead? _____none_____

22. Attending Physician or Midwife

Name _____Not known_____

Address _____

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)_____John W. Dailey_____*Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Mary Irene Otte

Case No. A-223

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Los Angeles, California *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Marysville, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: West Fourth Street (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 16 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. West Fourth Street

3. Full name of child Otte (Surname) Mary (First) Irene (Middle)

4. Date of birth Feb. 20, 1889 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Otte (Surname) William (First) Henry (Middle)
10. Color or race white 11. Age at time of this birth 50 yrs.
12. Birthplace Not Known (City, town, or county) Germany (State or foreign country)
13. Usual occupation ____
14. Industry or business clothing business

MOTHER OF CHILD

15. Full maiden name Werner (Surname) Catherine (First) ____ (Middle)
16. Color or race white 17. Age at time of this birth 40 yrs.
18. Birthplace Richmond (City, town, or county) Indiana (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 9
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. A. B. Swisher(deceased)
Address Marysville, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been accurately recorded in Vol. 3 page 149 of the Birth Records of Union County, at Marysville, Ohio. Birth Record should be as follows: Mary I. Otte, born February 20, 1889.

Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

Mary Irene Otte *Applicant*

The State of Ohio, ~~xxx~~ California, Los Angeles **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Mary I. Otte *Applicant*

P. O. Address 9057 Lloyd Place, Los Angeles, Calif.

Sworn to before me and signed in my presence this 15th *day of* April *19* 42.

Marie A. Dodge

(Seal) Notary Public (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Louis F. Otte, brother of Mary Irene Otte, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Louis F. Otte

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* April *19* 42.

Edith O. Wood

(Seal) Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Frank H. Otte, brother of Mary Irene Otte, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Frank H. Otte

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* April *19* 42.

Edith O. Wood

(Seal) Notary Public, Union County, Ohio (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Mary Irene Otte

April 27 *19* 42

Case No. A-223

ORDER FOR HEARING

This day Mary Irene Otte *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with.

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Mary Irene Otte

Probate Court, Union County, Ohio

April 27 19 42

Case No. A-223

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mary Irene Otte *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Louis F. Otte and Frank H. Otte, credible witnesses, ; *that notice of the hearing on said application has been* dispensed with ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, Ohio (City) (Village) (Township)

(c) Name of hospital or institution: West Fourth Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 16 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. West Fourth Street

3. Full name of child Otte (Surname) Mary (First) Irene (Middle)

4. Date of birth Feb. 20, 1889 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Otte, (Surname) William (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 50 yrs.

12. Birthplace Not known (City, town, or county) Germany (State or foreign country)

13. Usual occupation

14. Industry or business clothing business

MOTHER OF CHILD

15. Full maiden name Werner, (Surname) Catherine (First)

16. Color or race white 17. Age at time of this birth 40 yrs.

18. Birthplace Richmond (City, town, or county) Indiana (State or foreign country)

19. Usual occupation housewife

20. Industry or business ---

21. Children born to this mother:

(a) How many other children of this mother are now living? 9

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. A.B. Swisher (deceased)

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the applicant's name be corrected to read Mary Irene Otte instead of Mary J. Otte, and that the date of birth be Feb. 20, 1889, instead of Feb. 20, 1888, as recorded in Volume 3, page 149, No. 267 of the records of this court.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of

Case No.

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by *; that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution: (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Eugene Frederick Davies

Case No. A-224

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 126 N. Walnut St. Marysville, Union Co. Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 31 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No.

3. Full name of child Davies (Surname) Eugene (First) Frederick (Middle)

4. Date of birth July 27, 1908 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Davies (Surname) W. (First) F. (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Chillecothe (City, town, or county) Missouri (State or foreign country)

13. Usual occupation veterinarian

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Schoenleb (Surname) Margaretta (First) (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Henderson
Address Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 4, page 38 of the birth records of Union County, Ohio, the name of the child appears on the birth record as Eugene Davis when in truth and in fact it should be Eugene Frederick Davies, and the date of birth appears on said record as July 28, 1908, when in truth and in fact it should be July 27, 1908.

Your applicant hereby makes application for an order of the Court, directing the corr. of his birth record *as provided by law.*

Eugene Frederick Davies *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Eugene Frederick Davies *Applicant*

P. O. Address 126 Walnut St. Marysville, Ohio

Sworn to before me and signed in my presence this 27 *day of* April *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union Co. Ohio (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Margaretta Reed, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Margaretta Reed

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27 *day of* April *19* 42.

Clifton L. Caryl

(Seal) Notary P,,blic, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Fay Wolford none, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Fay Wolford

P. O. Address RFD # 5, Marysville, Ohio

Sworn to before me and signed in my presence this 27 *day of* April *19* 42.

Mildred L. Fladt

(Seal) Mildred L. Fladt, Notary Public, Union County, Ohio (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Eugene Frederick Davies

April 27 *19* 42

Case No. A-224

ORDER FOR HEARING

This day Eugene Frederick Davies *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Eugene Frederick Davies

Probate Court, Union County, Ohio

April 27 19 42

Case No. A-224

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Eugene Frederick Davies *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio; The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 31 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No.

3. Full name of child Davies (Surname) Eugene (First) Frederick (Middle)

4. Date of birth July 27, 1908 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Davies (Surname) W. (First) F. (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Chillecothe (City, town, or county) Missouri (State or foreign country)

13. Usual occupation veterinarian

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Schoenleb (Surname) Margaretta (First) (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Henderson

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name be corrected from Eugene Davis to Eugene Frederick Davies, and the date of birth be corrected from July 28, 1908, to July 27, 1908, as recorded in Vol. 4, p. 38.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Claribel Poling

Case No. A-225

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Allen Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 19 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Allen Township (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Poling (Surname) Claribel (First) ____ (Middle)

4. Date of birth May 17, 1877 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Poling (Surname) Reuben (First) ____ (Middle)
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Allen Twp, Union County, O. (City, town, or county) (State or foreign country)
13. Usual occupation farming
14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Falkner, Sarah (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Wagstaff
Address N. Lewisburg, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not properly and accurately recorded in Vol. 1, page 212 of the birth records of Union County, Ohio. That the first name of the child appears as Clara B. Poling when in truth and in fact it should be Claribel Poling, and that the date of birth appears on said birth record as May 20, 1877, when in truth and in fact it should be May 17, 1877.

Your applicant hereby makes application for an order of the Court, directing corr. of her birth record, *as provided by law.*

Claribel Poling *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Claribel Poling *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* May *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Seal)
(Official Title)

The State of Ohio, Union **County, ss.**

I, Jerome Poling, brother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jerome Poling

P. O. Address RFD #, Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* May *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, Eva M. Poling, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Witnesses: Clifton L. Caryl
Mildred L. Fladt

Eva M (her mark) Poling

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* May *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Claribel Poling

June 17 *19* 42

Case No. A-225

ORDER FOR HEARING

This day Claribel Poling *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Claribel Poling

Probate Court, Union County, Ohio

June 17 1942

Case No. A-225

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Claribel Poling *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 19 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Poling (Surname) Claribel (First) (Middle)

4. Date of birth: May 17, 1877 (Month) (Day) (Year)

5. Sex: F.

6. Twin or triplet: none If so—born 1st, 2d, or 3d: single

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Poling (Surname) Reuben (First) (Middle)

10. Color or race: white 11. Age at time of this birth: 36 yrs.

12. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation: farming

14. Industry or business: ____

MOTHER OF CHILD

15. Full maiden name: Falkner (Surname) Sarah (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 19 yrs.

18. Birthplace: Delaware County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:
(a) How many other children of this mother are now living? 4
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. Wagstaff
Address N. Lewisburg, Ohio
M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the first name of applicant be corrected from Clara B. Poling asit now appears in Vol. 1, page 212 in the birth records of Union County, Ohio, to Claribel Poling, and that the date of birth be changed from May 20, 1877 to May 17, 1877.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife
Name ____
Address ____
M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____
Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Effie Ann Stiffler(Montgomery)

Case No. A-226

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Stiffler (Surname) Effie (First) Ann (Middle)

4. Date of birth Dec. 23, 1894 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Stiffler (Surname) Nicholas (First) (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Kuntz, Minnie (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Henderson

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 3, p. 183, of the birth records of Union County, Ohio; the name of the child on the birth record appears as Eva Ann Stiffler, when in truth and in fact the correction of her birth record as provided by law. the name should be Effie Ann Stiffler.

Your applicant hereby makes application for an order of the Court, directing

Effie Ann Stiffler Montgomery *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Effie Ann Stiffler Montgomery *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27 *day of* April *19* 42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Nicholas Stiffler, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nicholas Stiffler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27 *day of* April *19* 42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Minnie Stiffler, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Minnie Stiffler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27 *day of* April *19* 42

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Effie Ann Stiffler (Montgomery)

April 29 *19* 42

Case No. A-226

ORDER FOR HEARING

This day Effie Ann Stiffler (Montgomery) *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Effie Ann Stiffler (Montgomery)

Probate Court, Union County, Ohio

April 29 *19* 42

Case No. A-226

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Effie Ann Stiffler (Montgomery) *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Stiffler (Surname) Effie (First) Ann (Middle)

4. Date of birth Dec. 23, 1894 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Stiffler, Nicholas (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Kuntz, Minnie (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Henderson

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name be corrected from Eva Ann Stiffler to Effie Ann Stiffler, as recorded in Vol. 3, p. 183, No. 307.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Robert Oscar Evans

Case No. A-229

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Franklin County, Ohio *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 26 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Evans (Surname) Robert (First) Oscar (Middle)

4. Date of birth March 14, 1896 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Evans (Surname) Ulysses (First) Grant (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace ____ (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Lee, (Surname) Eva (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Henderson

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not properly and accurately recorded in Vol. 3, page 55, of the record of births of Union County, Ohio. The name of the child appears on the record as Howard Oscar Evans, when in truth and in fact the correct name is Robert Oscar Evans.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Robert Oscar Evans *Applicant*

The State of Ohio, Union County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Robert Oscar Evans *Applicant*

P. O. Address 1131 Geers Ave., Columbus, Ohio

Sworn to before me and signed in my presence this 30 *day of* April *19* 42.

(Seal) Clifton L. Caryl

Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ County, ss.

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union County, ss.

I, Lotta Lightner, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lotta Lightner

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 30 *day of* April *19* 42

(Seal) Carrie W. Hornbeck

Deputy Clerk (Official Title)

The State of Ohio, Union County, ss.

I, Blanche Drumm, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Blanche Drumm

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 30 *day of* April *19* 42

(Seal) Carrie W. Hornbeck

Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

April 30 *19*42

In the Matter of the correction of birth record

of Robert Oscar Evans

Case No. A-229

ORDER FOR HEARING

This day Robert Oscar Evans *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Robert Oscar Evans

Probate Court, Union County, Ohio

April 30 19 42

Case No. A-229

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Robert Oscar Evans *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 26 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Evans (Surname) Robert (First) Oscar (Middle)

4. Date of birth March 14, 1896 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Evans (Surname) Ulysses (First) Grant (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace ____ (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Lee (Surname) Eva (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Henderson

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name be corrected from Howard Oscar Evans, as recorded in Volume 3, page 55 of the record of births of Union County, Ohio, to Robert Oscar Evans.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth ____ yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth ____ yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Ada Lucille Davis

Case No. A-233

APPLICATION

Your applicant respectfully represents that _____ *was born in* _____ *County, Ohio; that* _____ *now resides in* _____; *and that the following are the available facts with relation to* _____ *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

22. Attending Physician or Midwife:
Name _____
Address _____
_____
M. D., midwife, or other _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? _____
(b) How many other children were born alive but were then dead? _____
(c) How many children were born dead? _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of _____ *birth* _____

Your applicant hereby makes application for an order of the Court, directing _____, *as provided by law.*

_____ *Applicant*

The State of Ohio, _____ **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as _____ *verily believes.*

_____ *Applicant*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

Probate Court, _____ **County, Ohio**

In the Matter of the _____
of _____

_____ *19____*

Case No. 233

ORDER FOR HEARING

This day _____ *appeared in open court and filed an application for the* _____.

It is ordered that hearing on said application _____

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ _____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____

for an order of The Court directing the registration of _____ *birth.*

_____, *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by _____

_____; *that*

notice of the hearing on said application has been _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Frances Marie Davis

Case No. A-234

APPLICATION

Your applicant respectfully represents that_____was born in_____County, Ohio; that_____now resides in _____; and that the following are the available facts with relation to_____birth as of the date of delivery:

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ Surname First Middle

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business_____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?_____

(b) How many other children were born alive but were then dead?_____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of_____birth _____

Your applicant hereby makes application for an order of the Court, directing_____, as provided by law.

_____ *Applicant*

The State of Ohio,_____County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as_____verily believes.

_____ *Applicant*

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____ (Official Title)

AFFIDAVIT **Probate Court,_____County, Ohio**

*In the Matter of*_____

of _____

The State of Ohio,_____County, ss.

I, _____, *do hereby certify that I was the physician in attendance at the birth of*_____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____*Attending Physician*

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____ (Official Title)

The State of Ohio,_____County, ss.

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____ (Official Title)

The State of Ohio,_____County, ss.

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

*P. O. Address*_____

Sworn to before me and signed in my presence this_____day of_____19____.

_____

_____ (Official Title)

Probate Court,_____County, Ohio

*In the Matter of the*_____

of _____

_____*19____*

Case No. 234

ORDER FOR HEARING

This day _____*appeared in open court and filed an application for the* _____.

*It is ordered that hearing on said application*_____

*It is further ordered by The Court that*_____*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page_____ _____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____

for an order of The Court directing the registration of _____ *birth.*

_____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* _____

_____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____
Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Dana Onida Fox (Yarger)

Case No. A-237

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richland County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 29 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Fix (Surname) Dana (First) Onida (Middle)

4. Date of birth July 18, 1906 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fox, (Surname) C. (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace RFD, Hudson (City, town, or county) Michigan (State or foreign country)

13. Usual occupation farming and salesman

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Pitcher, (Surname) Minnie (First) M. (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Duke

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol 3 page 69 of the records of birth of Union County, Ohio, in that the name of the child in Vol. 3, p.69 of said record births is listed as Dana A. Fox, when Dana Onida Fox Yarger in truth and in fact it should be Dana Onida Fox; and in that the sex of the child is listed as male when in truth and in fact it should be female.

Your applicant hereby makes application for an order of the Court, directing the corr. of her birth record as provided by law.

Applicant

The State of Ohio, ____ **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as ____ verily believes.

Applicant

P. O. Address 95 Home Avenue, Mansfield, Ohio

Sworn to before me and signed in my presence this 2 *day of* May *19* 42.

Clifton L. Caryl

(Seal) Notary Public, Union county, Ohio

(Official Title)

AFFIDAVIT Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Dana Onida Fox

The State of Ohio, Union **County, ss.**

I, H. C. Duke, M.D., *do hereby certify that I was the physician in attendance at the birth of* Dana Onda Fox, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

H. C. Duke, M.D. *Attending Physician*

P. O. Address Richwood, O.

Sworn to before me and signed in my presence this 2 *day of* May *19* 42.

Sturgis H. Cheney

(Seal) Notary Public

(Official Title)

The State of Ohio, Union **County, ss.**

I, Minnie M. Fox, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Minnie M. Fox

P. O. Address 388 North Main Street, Marion, Ohio

Sworn to before me and signed in my presence this 2 *day of* May *19* 42

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio

(Official Title)

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record *of* Dana Onida Fox (Yarger)

May 2 *19* 42

Case No. A0237

ORDER FOR HEARING

This day Dana Onida Fox (Yarger) *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Dana Onida Fox (Yarger)

Probate Court, Union County, Ohio

May 2 19 42

Case No. A-237

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Dana Onida Fox (Yarger) *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 29 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Fox (Surname) Dana (First) Onida (Middle)

4. Date of birth July 18, 1906 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fox (Surname) C. (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace RFD #, Hudson (City, town, or county) Michigan (State or foreign country)

13. Usual occupation farming and salesman

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Pitcher, Minnie (Surname) (First) M. (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Duke

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name be corrected from Dana A. Fox as now appears in Vol. 3, page 69 of the records of births, Union County, Ohio, to Dana Onida Fox, and that the sex be corrected from male to female.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Charles Walter Frederick

Case No. A-245

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Hillman Ford Road, R.#3, Marion, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) New California (City) Jerome (Village) (Township)

(c) Name of hospital or institution: at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community life

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Frederick (Surname) Charles (First) Walter (Middle)

4. Date of birth Mar. 14, 1900 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Frederick, (Surname) Isaac (First) Franklin (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation blacksmith

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Owen, (Surname) Minnie (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

22. Attending Physician or Midwife:

Name W.C.Vigor, M.D.

Address Plain City, Ohio, RFD #3

M. D., midwife, or other ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol.3,page 67 of the birth records of Marysville, Ohio. The name Charles W.Fredrick should be changed to Charles Walter Frederick. The names of the father and mother should be changed as set ~~out above.~~

Your applicant hereby makes application for an order of the Court, directing the corr. of his birth record *as provided by law.*

Charles Walter Frederick *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles Walter Frederick *Applicant*

P. O. Address Hillman Ford Road, R#3,Marion, Ohio

Sworn to before me and signed in my presence this 6th *day of* May *19*42.

William L. Coleman

(Seal) Notary Public

(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Nettie Graham, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Nettie Graham

P. O. Address RFD#3, Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* May *19* 42.

William L. Coleman

(Seal) Notary Public

(Official Title)

The State of Ohio, Union **County, ss.**

I, Watt M. Hodges, friend, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Watt M. Hodges

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6 *day of* May *19* 42.

William L. Coleman

(Seal) Notary Public

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the corredtion of birth record

of Charles Walter Frederick

May 6 *19* 42

Case No. A-245

ORDER FOR HEARING

This day Charles Walter Frederick *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

~~*It is further ordered by The Court that* ____ *be and hereby is appointed Special Master Commissioner to take such testimony on said application if the services of a Special Master Commissioner are necessary and this cause is continued.*~~

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Charles Walter Frederick

Probate Court, Union County, Ohio

May 6 19 42

Case No. A-245

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Charles Walter Frederick *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) New California (City) Jerome (Township) (Village)

(c) Name of hospital or institution: at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community life

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Frederick (Surname) Charles (First) Walter (Middle)

4. Date of birth: Mar. 14, 1900 (Month) (Day) (Year)

5. Sex: M.

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Frederick, (Surname) Isaac (First) Franklin (Middle)

10. Color or race: white 11. Age at time of this birth: 30 yrs.

12. Birthplace: Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: blacksmith

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Owen (Surname) Minnie (First) Jane (Middle)

16. Color or race: white 17. Age at time of this birth: 27 yrs.

18. Birthplace: Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name W. C. Vigor, M. D.

Address Plain City, Ohio RFD # 3

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: The name Charles W. Fredrick should be changed to Charles Walter Frederick. The names of the father and mother should be changed as set out above, in Vol. 3, p. 67, No. 102.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Dwight Wilson Liggett

Case No. A-253

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Long Beach, California *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) New California (City) Jerome (Village) (Township)
(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 11 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) New Californa (City) Jerome (Village) (Township)
(d) Street No. ____

3. Full name of child Liggett (Surname) Dwight (First) Wilson (Middle)

4. Date of birth April 6, 1890 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d: no

7. Number months of pregnancy: 9

8. Mother married? 11 yrs

FATHER OF CHILD

9. Full name Liggett (Surname) John (First) Wilson (Middle)
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace New California, (City, town, or county) Union Co. (State or foreign country)
13. Usual occupation Farmer
14. Industry or business same

MOTHER OF CHILD

15. Full maiden name Hardie (Surname) Mary (First) Etta (Middle)
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Jasper Township, (City, town, or county) Greene Co. O. (State or foreign country)
19. Usual occupation housewife
20. Industry or business same

21. Children born to this mother before this birth: 3
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Think, Dr. W. C. Vigor
Address New California, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* should be Dwight W.Liggett instead of Dwite W.Liggett, date of birth should be April 6,1890 instead of April 5,1890 as you have recorded # 200, Page 121 Record # 3

Your applicant hereby makes application for an order of the Court, directing the above change in first name and date of birth *, as provided by law.*

Dwight Wilson Liggett *Applicant*

The State of Ohio, California, Los Angeles **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Dwight Wilson Liggett *Applicant*

P. O. Address ____

Sworn to before me and signed in my presence this 8 *day of* May *19* 42.

Ferne Criswell

(Seal) Notary Public in and for the County of Los Angeles State of California. (Official Title) com.exp.April 22,1945

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, California, Los Angeles **County, ss.**

I, Clarence D. Liggett, Long Beach, California, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clarence D. Liggett

P. O. Address Long Beach, Calif.

Sworn to before me and signed in my presence this 8 *day of* May *19* 42.

Ferne Criswell

(Seal) Notary Public
(Official Title)

The State of Ohio, California, Los Angeles **County, ss.**

I, W. C. Hardie, Redlands, California, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

W. C. Hardie

P. O. Address Redlands, Calif.

Sworn to before me and signed in my presence this 8 *day of* May *19* 42.

Ferne Criswell

(Seal) Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Dwight Wilson Liggett

May 14 1942

Case No. A-253

ORDER FOR HEARING

This day Dwight Wilson Liggett *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Dwight Wilson Liggett

Probate Court, Union County, Ohio

May 14 19 42

Case No. A-253

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Dwight Wilson Liggett *for an order of The Court correcting* his *birth record, as it is registered in the office of* this Court. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Clarence D. Liggett and W. C. Hardie, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) New California (City) Jerome Twp. (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 11 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) New California (City) Jerome Twp. (Village) (Township)

(d) Street No. ____

3. Full name of child: Liggett (Surname) Dwight (First) Wilson (Middle)

4. Date of birth April 6, 1890 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no; If so—born 1st, 2d, or 3d: no

7. Number months of pregnancy: 9

8. Mother married? 11 yrs

FATHER OF CHILD

9. Full name: Liggett (Surname) John (First) Wilson (Middle)

10. Color or race: white 11. Age at time of this birth: 37 yrs.

12. Birthplace: New California, Union Co. O. (City, town, or county) (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: "

MOTHER OF CHILD

15. Full maiden name: Hardie, Mary Etta (Surname) (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 36 yrs.

18. Birthplace: Jasper Twp, Greene Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: "

21. Children born to this mother: 3

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. W. C. Vigor
Address New California, Ohio
M. D., midwife, or other

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: to be Dwight Wilson Liggett instead of Dwite W. Liggett; date of birth April 6, 1890 instead of April 5, 1890, as recorded in Vol. 3, page 121, No. 200.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife
Name ____
Address ____
M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____
Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Charles Zelotes Bealer

Case No. A-254

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Wash.Twp, Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 18 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Hardin

(c) Hale (City) (Village) (Township)

(d) Street No.

3. Full name of child Bealer (Surname) Charles (First) Zelotes (Middle)

4. Date of birth April 8, 1902 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bealer (Surname) David (First) Clay (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Williams, (Surname) Lydia (First) Almeda (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Champaign County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. E. E. Lynch

Address Ridgeway, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3, page 24 of the Birth Records of Union County, Ohio, in that his name appears in said records as "Charles C.Bealer", whereas the same should be correctly stated as "Charles Zelotes Bealer."

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Charles Zelotes Bealer *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles Zelotes Bealer *Applicant*

P. O. Address Ridgeway, Ohio, R.F.D.

Affirmed ~~Sworn~~ *to before me and signed in my presence this* 15th *day of* May *19* 42.

Wm. R. Cameron

(Seal) Wm.R.Cameron,Notary Public in and for Union Co.O.
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, David Clay Bealer, father of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

David Clay Bealer

P. O. Address Mt. Victory, Ohio, R.F.D.

Sworn to before me and signed in my presence this 15th *day of* May *19* 42

Wm. R. Cameron

(Seal) Notary Public in and for Union County, Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lee Williams, a distant cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lee W. Williams

P. O. Address Ridgeway, Ohio, R. F. D.

Sworn to before me and signed in my presence this 15th *day of* May *19* 42.

Wm. R. Cameron

(Seal) Notary Public in and for Union County, Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction ofbirth record
of Charles Zelotes Bealer

May 15 *19* 42

Case No. A-254

ORDER FOR HEARING

This day Charles Zelotes Bealer *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Charles Zelotes Bealer

Probate Court, Union **County, Ohio**

May 15th *19* 42

Case No. A-254

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Charles Zelotes Bealer *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio, Vol. 3, page 24, No. 39. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of David Clay Bealer and Lee Williams, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 18 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Hardin

(c) Hale Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Bealer (Surname) Charles (First) Zelotes (Middle)

4. Date of birth April 8, 1902 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Bealer (Surname) David (First) Clay (Middle)

10. Color or race: white 11. Age at time of this birth: 22 yrs.

12. Birthplace: Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Williams, (Surname) Lydia (First) Almeda (Middle)

16. Color or race: white 17. Age at time of this birth: 18 yrs.

18. Birthplace: Champaign County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name: Dr. E. E. Lynch

Address: Ridgeway, Ohio

M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name of the applicant, which was incorrectly recorded as "Charles C. Bealer", be now correctly recorded as "Charles Zelotes Bealer".

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

19 ____

Case No. ____

of ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of William Pearl Cline

Case No. A-257

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Franklin County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 26 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Cline (Surname) William (First) Pearl (Middle)

4. Date of birth April 4, 1908 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cline, (Surname) Chester (First) (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Epps, (Surname) Lottie (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Alexander Smith

Address Pottersburg, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not properly and accurately recorded in Vol. 4, page 27, #407 of the record of births of Union County, Ohio; the name of the child appears on said record as Pearl Otta Cline, when in truth and in fact the name is William Pearl Cline.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

William Pearl Cline *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Pearl Cline *Applicant*

P. O. Address RFD #1, Hilliards, Ohio, Box 214

Sworn to before me and signed in my presence this 16 *day of* May *19*42.

Mildred L. Fladt

(Seal) Mildred L. Fladt, Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lottie Cline, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lottie Cline

P. O. Address West Eighth Street, Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* May *19*42.

Mildred L. Fladt

(Seal) Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Chester Cline, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Chester Cline

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* May *19*42.

John W. Dailey

(Seal) Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of William Pearl Cline

May 16 *19*42

Case No. A-257 ✓

ORDER FOR HEARING

This day William Pearl Cline *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of William Pearl Cline

Probate Court, Union County, Ohio

May 16 19 42

Case No. A-257

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of William Pearl Cline *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio, Volume 4, page 27, No. 407. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 26 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Cline (Surname) William (First) Pearl (Middle)

4. Date of birth April 4, 1908 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cline (Surname) Chester (First) (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Epps, (Surname) Lottie (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Alexander Smith

Address ____

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name be corrected from Pearl Otta Cline, as now appears of record in Vol. 4, page 27, of the birth records of Union County, Ohio, to William Pearl Cline;

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth

of Paul Reed Clifford

Case No. A-259

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Allegheny County, Pennsylvania; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center, Ohio (City) (Village) (Township)

(c) Name of hospital or institution: Center St., Milford Center, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution At home-1 week In this community 22 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (City) (Village) (Township)

(d) Street No. South side of W. Center St.

3. Full name of child: Clifford (Surname) Paul (First) Reed (Middle)

4. Date of birth 7-18-1903 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Clifford, (Surname) John (First) I. (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Milford Center, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Railroad Telegrapher

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Reed, (Surname) Bertha (First) none (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

22. Attending Physician or Midwife:

Name Dr. W. H. Wills

Address Milford Center, Ohio

M. D., midwife, or other

21. Children born to this mother before this birth: none

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 40 of the birth records of the State of Ohio, Union County, record.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth, *as provided by law.*

Paul Reed Clifford *Applicant*

The State of Ohio, Pennsylvania, Allegheny **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Paul Reed Clifford *Applicant*

P. O. Address 3054 Texas Ave., Dormont,(16) Pittsburgh, Penna.

Sworn to before me and signed in my presence this 12th *day of* May *19* 42.

H. Rosenblat

(Seal) Notary Public (Official Title)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of

of

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, John I. Clifford, father of Paul Reed Clifford, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John I. Clifford

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 16th *day of* May *19* 42.

Paul J. Shea

(Seal) Notary Public, Union Co. Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, J. L. Boylan, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. L. Boylan

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 16th *day of* May *19* 42.

Paul J. Shea

(Seal) Notary Public, Union Co. Ohio (Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Paul Reed Clifford

May 18 *19* 42

Case No. A-259 ✓

ORDER FOR HEARING

This day Paul Reed Clifford *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and notice of said hearing be dispensed with.

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Paul Reed Clifford

Probate Court, Union County, Ohio

May 18 19 42

Case No. A-259

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Paul Reed Clifford *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union County, Vol. 3, page 40, No. 68. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center (City) (Village) (Township)

(c) Name of hospital or institution: Center St. Milford Center, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 22 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (City) (Village) (Township)

(d) Street No. South side of W. Center St.

3. Full name of child: Clifford (Surname) Paul (First) Reed (Middle)

4. Date of birth 7-18-1903 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Clifford (Surname) John (First) I. (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)

13. Usual occupation railroad telegrapher

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Reed, (Surname) Bertha (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Milford Center, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. W. H. Wills

Address Milford Center, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the date of birth be corrected from January 26, 1903, to July 18, 1903.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, _____ County, Ohio

In the Matter of the Correction of Birth

of Everett Dale Mc Adow

Case No. A-262

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor
(City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 15 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child McAdow (Surname) Everett (First) Dale (Middle)

4. Date of birth 12/16/1898 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McAdow (Surname) Alvin (First) Nye (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Engle (Surname) Lena (First) Mae (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Ross County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth: 1
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Jenkins
Address Broadway, Ohio
_____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded correctly

Your applicant hereby makes application for an order of the Court, directing correction of the record, *as provided by law.*

Everett Dale McAdow *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as verily believes.

Everett Dale McAdow *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 22nd *day of* May *19* 42

Undine Dailey
Deputy
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

_____
(Official Title)

The State of Ohio, Union **County, ss.**

I, Alvin Nye McAdow, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Alvin Nye McAdow

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 22nd *day of* May *19* 42.

Undine Dailey
Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Freda Bosart, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Freda Bosart

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 22 *day of* May *19* 42.

Undine Dailey
deputy clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of the Birth Record

of Everett Dale McAdow

May 22nd *19* 42

Case No. A-262

ORDER FOR HEARING

This day Everett Dale McAdow *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony in said application, if the services of a Special Master Commissioner are necessary; and this clause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Everett Dale McAdow

Probate Court, Union County, Ohio

May 22 19 42

Case No. A-262

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Everett Dale McAdow *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County Probate Court The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* evidence deemed sufficient by the Court; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 15 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor (City) (Village) (Township)

(d) Street No. ____

3. Full name of child McAdow (Surname) Everett (First) Dale (Middle)

4. Date of birth 12/16/1898 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McAdow (Surname) Alvin (First) Nye (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Engle (Surname) Lena (First) Mae (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Ross County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother: one

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Jenkins

Address Broadway, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That said name be corrected to read Everett Dale McAdow, instead of Jno. Henry McAdow.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Ruthe Agnes Curry

Case No. A-267

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Long Beach, California *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) New California (City) Jerome (Village) (Township)
(c) Name of hospital or institution: N-E corner of square
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution home In this community 7 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) New California (City) Jerome (Village) (Township)
(d) Street No. N-E corner of square

3. Full name of child Curry (Surname) Ruthe (First) Agnes (Middle)

4. Date of birth Sept. 5, 1889 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Curry (Surname) Jesse (First) Gill (Middle)
10. Color or race White 11. Age at time of this birth 32 yrs.
12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Herriott (Surname) Jane (First) Eliza (Middle)
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? None
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? One

22. Attending Physician or Midwife:
Name Dr. John E. Herriott
Address Jerome, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 3 page 29 of the birth records of Union County, Ohio. Date of birth as recorded- June 30, 1889 should be changed to September 5, 1889.

Your applicant hereby makes application for an order of the Court, directing the correction of her birth record *as provided by law.*

Ruthe Agnes Curry Evans *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Ruthe Agnes Curry Amrine *Applicant*

P. O. Address 819 Elm Ave. Long Beach, California

Sworn to before me and signed in my presence this 3rd *day of* June *19*42.

R. C. Colbert
Notary Public in and for the County of Los Angeles, State of California
(Official Title)
My commission expires August 28, 1943

(Seal)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Clue V. Curry, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clue V. Curry

P. O. Address RFD, Plain City, Ohio

Sworn to before me and signed in my presence this 5 *day of* June *19*42.

Fred Zell
Fred Zell, Notary Public, Union County, Ohio
(Official Title) My commission expires Nov. 18, 1943

(Seal)

The State of Ohio, Union **County, ss.**

I, Jennie Curry Rickard, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jennie Curry Rickard

P. O. Address RFD, Plain City, Ohio

Sworn to before me and signed in my presence this 5 *day of* June *19*42.

Fred Zell
Fred Zell, Notary Public, Union County, Ohio
(Official Title) My commission expires Nov. 18, 1943

(Seal)

Probate Court, Union **County, Ohio**

June 5 *19*42

In the Matter of the correction of birth record
of Ruthe Agnes Curry

Case No. A-267

ORDER FOR HEARING

This day Ruthe Agnes Curry *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Ruthe Agnes Curry

Probate Court, Union County, Ohio

June 5 19 42

Case No. A-267

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ruthe Agnes Curry *for an order of The Court correcting* her *birth record, as it is registered in the office of* Union County Probate Court, Volume 3, page 29. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Clue V. Curry and Jennie Curry Rickard, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) New California (City) Jerome (Township) (Village)

(c) Name of hospital or institution: N-E corner of square (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution home In this community 7 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) New California (City) Jerome (Township) (Village)

(d) Street No.

3. Full name of child Curry (Surname) Ruthe (First) Agnes (Middle)

4. Date of birth Sept. 5, 1889 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Curry (Surname) Jesse (First) Gill (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Herriott (Surname) Jane (First) Eliza (Middle)

16. Color or race White 17. Age at time of this birth 27 yrs.

18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

22. Attending Physician or Midwife:

Name Dr. John E. Herriott

Address Jerome, Ohio

M. D., midwife, or other M. D.

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? one

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Date of Birth- as recorded- June 30, 1889 should be changed to September 5, 1889.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, County, Ohio

19

Case No.

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by ; that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution: (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth

of Miriam Elizabeth Middlesworth

Case No. A-268

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: 427 W.6th St.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 1½ Yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. 427 W.6th St.

3. Full name of child Middlesworth (Surname) Miriam (First) Elizabeth (Middle)

4. Date of birth 12/11/1907 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Middlesworth (Surname) Charles (First) Seward (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation salesman

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Rea (Surname) Lydia (First) L. (Middle)

16. Color or race white 17. Age at time of this birth 38 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

22. Attending Physician or Midwife:
Name Dr. C. D. Mills
Address Marysville, Ohio
_____
M. D., midwife, or other _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not correctly recorded

Your applicant hereby makes application for an order of the Court, directing correction of the record, *as provided by law.*

Miriam Elizabeth Middlesworth *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Miriam Elizabeth Middlesworth *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 22nd *day of* May *19* 42.

Wm. R. Cameron
Notary Public
(Official Title)

AFFIDAVIT Probate Court, _____ County, Ohio

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles S. Middlesworth, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles S. Middlesworth

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* May *19* 42.

Wm. R. Cameron
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lulu R. Guy sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lulu R. Guy

P. O. Address Marysville, Ohio RD#3

Sworn to before me and signed in my presence this 22 *day of* May *19* 42.

Wm. R. Cameron
Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of the Record

of Miriam E. Middlesworth

May 22 *19* 42

Case No. A-268

ORDER FOR HEARING

This day Miriam E. Middlesworth *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Miriam Elizabeth Middlesworth

Probate Court, Union County, Ohio

May 22nd 1942

Case No. A-268

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Miriam Elizabeth Middlesworth *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* The affidavits of Charles S. Middlesworth and Lulu R. Guy, persons having knowledge of the facts *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: 427 W 6th St (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 1½yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. 427 W6th St

3. Full name of child Middlesowrth (Surname) Miriam (First) Elizabeth (Middle)

4. Date of birth 12/11/1907 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Middlesowrth (Surname) Charles (First) Seward (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation salesman

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Rea, (Surname) Lydia (First) L. (Middle)

16. Color or race white 17. Age at time of this birth 38 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

22. Attending Physician or Midwife:

Name Dr. C. D. Mills

Address Marysville, Ohio

M. D., midwife, or other ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That the first name of said applicant, which appears in said record as"Marion" be correctly recorded as " Miriam".

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

*19*____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____ *; that notice of the hearing on said application has been* ____ *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Hugh Allen Edwards

Case No. A-269

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Keyser, West Va.; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Millcreek Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 24 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Millcreek Township (City) (Village) (Township)
(d) Street No.

3. Full name of child Edwards (Surname) Hugh (First) Allen (Middle)

4. Date of birth Oct. 30, 1889 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d: X

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Edwards, James (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Hampshire Co. (City, town, or county) West Va. (State or foreign country)
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Tossey (Surname) Martha (First) (Middle)
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Cumberland Co. (City, town, or county) Ill. (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name A.J.Pounds
Address Watkins, Ohio
M. D., midwife, or other M.D.

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol.3, page 54 of the Record of Births of Union County, Ohio, in that his name is shown in said birth record as Hue Wane Edwards whereas in truth and fact his name is Hugh Allen Edwards and should have been so-recorded.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Hugh Allen Edwards *Applicant*

The State of Ohio, Union County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Hugh Allen Edwards *Applicant*

P. O. Address Keyser, West Va.

Sworn to before me and signed in my presence this 25 *day of* May *19* 42

Helen Hawke
Notary Public (Official Title)

(Seal)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ County, ss.

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union County, ss.

I, James Edwards, the father of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

James Edwards

P. O. Address Marysville, R.F.D. # 2

Sworn to before me and signed in my presence this 25 *day of* May *19* 42.

Helen Hawke
Notary Public (Official Title)

(Seal)

The State of Ohio, Union County, ss.

I, Martha Edwards, the mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Martha Edwards

P. O. Address Marysville, R.F.D. $ 2

Sworn to before me and signed in my presence this 25 *day of* May *19* 42.

Helen Hawke
Notary Public (Official Title)

(Seal)

Probate Court, Union County, Ohio

May 25 *19* 42

In the Matter of the correction of birth record
of Hugh Allen Edwards

Case No. A 269 ✓

ORDER FOR HEARING

This day Hugh Allen Edwards *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith, and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take such testimony as said application of the counsel of* ____ *Special Master Commissioner are necessary and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal)

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Hugh Allen Edwards

Probate Court, Union County, Ohio

May 25 19 42

Case No. A-269

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Hugh Allen Edwards *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union Co., Ohio, in Vol. 3, page 54 of Record of Births. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of his father andmother, two credible persons having knowledge of the facts.; *that notice of the hearing on said application has been* dispensed with.; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Township (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 24 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Edwards (Surname) Hugh (First) Allen (Middle)

4. Date of birth Oct. 30, 1889 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Edwards (Surname) James (First) ____ (Middle)

10. Color or race: white 11. Age at time of this birth: 26 yrs.

12. Birthplace: Hampshire Co. (City, town, or county) West Va. (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farming

MOTHER OF CHILD

15. Full maiden name: Tossey (Surname) Martha (First) ____ (Middle)

16. Color or race: white 17. Age at time of this birth: 26 yrs.

18. Birthplace: Cumberland Co. (City, town, or county) Ill. (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name: A.J. Pounds

Address: Watkins, Ohio

M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that said name Hue Wane Edwards as contained in said birth record Volume 3 at page 54, be changed to Hugh Allen Edwards, which is the real and proper name of applicant.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Donald Zacharias Geer

Case No. A-273

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, R. D. 2, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 22 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Paris Township (City) (Village) (Township)
(d) Street No. ____

3. Full name of child: Geer (Surname) Donald (First) Zacharias (Middle)

4. Date of birth Dec. 12, 1921 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Geer (Surname) Albert (First) Adam (Middle)
10. Color or race: white 11. Age at time of this birth: 25 yrs.
12. Birthplace: Paris Twp. Union Co., Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: farmer
14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Zacharias, Clara (Surname) (First) (Middle)
16. Color or race: white 17. Age at time of this birth: 22 yrs.
18. Birthplace: Paris Twp., Union Co., Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name: Dr. F. C. Callaway
Address: Marysville, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in the Bureau of Vital Statistics, Registration District No. 1277, File No. 7689, in that the date of birth is given as 1, 2, 1922 when it should be December 12, 1921
Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Donald Zacharias Geer *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Donald Zacharias Geer *Applicant*

P. O. Address Marysville, Ohio, R. D. 2

Sworn to before me and signed in my presence this 29th *day of* May *19* 42.

Carrie W. Hornbeck
(Seal) Deputy Clerk
(Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Clara Geer, mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clara Geer

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29th *day of* May *19* 42.

Carrie W. Hornbeck
(Seal) Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Albert Geer, father of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Albert Geer

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29th *day of* May *19* 42.

Carrie W. Hornbeck
(Seal) Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Donald Zacharias Geer

May 29 *19* 42

Case No. A-273

ORDER FOR HEARING

This day Donald Zacharias Geer *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be, and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Donald Zacharias Geer

Probate Court, Union **County, Ohio**

May 29 *19* 42

Case No. A-273

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Donald Zacharias Geer *for an order of The Court correcting* his *birth record, as it is registered in the office of* Bureau of Vital Statistics, Registration District 1277, File No. 7689. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of the father and mother of the applicant, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 22 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Geer (Surname) Donald (First) Zacharias (Middle)

4. Date of birth Dec. 12, 1921 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Geer (Surname) Albert (First) Adam (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Paris Twp., Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Zacharias, Clara (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Paris Twp., Union Co., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

22. Attending Physician or Midwife:

Name Dr. F. C. Callaway

Address Marysville, Ohio

M. D., midwife, or other ____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the date of birth be corrected from Jan. 12, 1922 to December 12, 1921.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of birth record
of Lacy Ellen Fox

Case No. A-274

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Cleveland, Cuyahoga County Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Taylor (Village) (Township)

(c) Name of hospital or institution: Home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Taylor (Village) (Township)

(d) Street No. ____

3. Full name of child Fox (Surname) Lacy (First) Ellen (Middle)

4. Date of birth June 30, 1882 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fox (Surname) Charles (First) William (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Fayette County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Brooks (Surname) Nancy (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Fayette County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Joel B. Taylor (Deceased)
Address Broadway, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol.2,p.58 in that it gives the date of birth as 6-29-82 and the name of Grace E. Fox when the name should be recorded as Lacy Ellen Fox, born June 30, 1882.

Your applicant hereby makes application for an order of the Court, directing the correction of her birth certificate *as provided by law.*

Lacy E. Bliss *Applicant*

The State of Ohio, Cuyahoga **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Lacy E. Bliss *Applicant*

P. O. Address 3068 West 155th St. Cleveland

Sworn to before me and signed in my presence this 1st *day of* May *19* 42.

M. K. Haskine

(Seal) Notary Public
(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, C. E. Fox, Brother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

C. E. Fox

P. O. Address R. D. 4, Marysville, O.

Sworn to before me and signed in my presence this 28 *day of* May *19* 42.

W. H. Jolliff

(Seal) Justice of the Peace
(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles W. Sanderson, Fourth Cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles W. Sanderson

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 28 *day of* May *19* 42.

Robert Driscoll

(Seal) Robert Driscoll, Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

May 29 *19* 42

In the Matter of the correction of birth record
of Lacy Ellen Fox

Case No. A-274

ORDER FOR HEARING

This day Lacy Ellen Fox *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Lacy Ellen Fox

Probate Court, Union County, Ohio

May 29 19 42

Case No. A-274

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Lacy Ellen Fox *for an order of The Court correcting* her *birth record, as it is registered in the office of* Union County Probate Court, Volume 2, page 58, No. 425. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of C. E. Fox and Charles W. Sanderson, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor (City) (Village) (Township)

(c) Name of hospital or institution: Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 10 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Fox (Surname) Lacy (First) Ellen (Middle)

4. Date of birth June 30, 1882 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Fox (Surname) Charles (First) William (Middle)

10. Color or race: white 11. Age at time of this birth: 30 yrs.

12. Birthplace: Fayette County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Brooks, (Surname) Nancy (First) Jane (Middle)

16. Color or race: white 17. Age at time of this birth: 26 yrs.

18. Birthplace: Fayette County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name: Dr. Joel Taylor

Address: Broadway, Ohio

M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: from Grace E. Fox, born June 29, 1882 to Lacy Ellen Fox, born June 30, 1882.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Roger William Smith

Case No. A-278

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Birmingham, Alabama *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 42 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township
(City) (Village) (Township)

(d) Street No.

3. Full name of child Smith (Surname) Roger (First) William (Middle)

4. Date of birth 9/14/1901 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: No — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith (Surname) William (First) A. (Middle)

10. Color or race white 11. Age at time of this birth 42 yrs.

12. Birthplace Cincinnati, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Piersol (Surname) Eliza (First) Rebecca (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County, (City, town, or county) Millcreek Township, Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth: 0
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Hunt (deceased)
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been correctly and accurately recorded in Vol. 3, Page 190 of the Birth Records of Union County, Ohio. That the applicants name be changed from Smith, Infant To Roger William Smith

Your applicant hereby makes application for an order of the Court, directing correction of the record, *as provided by law.*

Roger William Smith *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Roger William Smith *Applicant*

P. O. Address 4800 Court S., Central Park Birmingham, Alabama

Sworn to before me and signed in my presence this 1st *day of* June *19* 42.

William J. Porter

(Seal)

Notary Public, State of Ohio
(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Eliza Rebecca Smith, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Eliza Rebecca Smith

P. O. Address R#2 Ostrander, Ohio

Sworn to before me and signed in my presence this 1st *day of* June *19* 42.

Carrie W. Hornbeck

(Seal)

Deputy Public, State of Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lee Elsom, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lee Elsom

P. O. Address RDF Ostrander, Ohio

Sworn to before me and signed in my presence this 1st *day of* June *19* 42.

Carrie W. Hornbeck

(Seal)

Deputy Public
(Official Title)

Probate Court, Union County, Ohio

June 1st *19* 42

In the Matter of the correction of Birth record
of Roger William Smith

Case No. A-278

ORDER FOR HEARING

This day Roger William Smith *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take such testimony as in the opinion of said Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Roger William Smith

Probate Court, Union County, Ohio

June 1st 1942

Case No. A-278

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Roger William Smith

for an order of The Court correcting his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio Volume 3, page 190, No. 261

The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* The testimony of two persons having knowledge of the facts;

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Millcreek Township (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 26yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Millcreek Township (Township)

(d) Street No. ____

3. Full name of child: Smith (Surname) Roger (First) William (Middle)

4. Date of birth 9/14/1901 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Smith (Surname) William (First) A. (Middle)

10. Color or race: white 11. Age at time of this birth: 26 yrs.

12. Birthplace: Cincinnati, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: ____

MOTHER OF CHILD

15. Full maiden name: Piersol (Surname) Eliza (First) Rebecca (Middle)

16. Color or race: white 17. Age at time of this birth: 26 yrs.

18. Birthplace: Union County, (City, town, or county) Millcreek Township, (State or foreign country) Ohio

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name: Dr. Hunt (deceased)

Address: ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That the applicant's name be changed from "Smith, Infant", to Roger William Smith.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____

for an order of The Court directing the registration of ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) ____ (Village) ____ (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) ____ (Village) ____ (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) ____ (First) ____ (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Clarence Strader

Case No. A-281

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Liberty Township, Ohio *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty Township (City) (Village) (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 21 yrs

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Liberty Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Strader (Surname) Clarence (First) _____ (Middle)

4. Date of birth Apr. 15, 1890 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Strader (Surname) Henry (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Franklin County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Mechen (Surname) Adella (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Liberty Township (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. C. A. Thompson,

Address Raymond, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not complete in that the first name is ommitted therefrom

Your applicant hereby makes application for an order of the Court, directing the correction of his birth *, as provided by law.*

Clarence Strader *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Clarence Strader *Applicant*

P. O. Address 918 Thomas Road, Columbus, Ohio

Sworn to before me and signed in my presence this 3rd *day of* June *19* 42

Betty Geer, Deputy clerk

(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____ *, do hereby certify that I was the physician in attendance at the birth of* _____ *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, John S. Robb *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John S. Robb

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 3 *day of* June *19* 42.

Robert Driscoll, Notary Public

(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles Robb *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles Robb

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 3 *day of* June *19* 42.

Robert Driscoll, notary public

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Clarence Strader

June 3, 1942 *19* ____

Case No. A-281

ORDER FOR HEARING

This day Clarence Strader *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be forthwith

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dziley *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Clarence Strader

Probate Court, Union County, Ohio

June 3rd 1942

Case No. A-281

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Clarence Strader *for an order of The Court correcting* his *birth record, as it is registered in the office of* The Probate Court, Union Co, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Liberty (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 2lyrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Liberty (Township)

(d) Street No. ____

3. Full name of child: Strader (Surname) Clarence (First) ____ (Middle)

4. Date of birth 4/15/1890 (Month) (Day) (Year)

5. Sex: M.

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Strader (Surname) Henry (First) ____ (Middle)

10. Color or race: white 11. Age at time of this birth: 21 yrs.

12. Birthplace: Franklin County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Mechem (Surname) Adella (First) ____ (Middle)

16. Color or race: white 17. Age at time of this birth: 21 yrs.

18. Birthplace: Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name: Dr. C. A. Thompson
Address: Raymond, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That applicant's first name of Clarence be inserted therein in Vol.3,p.178, No.387.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) ____ (Village) ____ (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) ____ (Village) ____ (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) ____ (First) ____ (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____

22. Attending Physician or Midwife
Name ____
Address ____
M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Thurston Tippitt Dull

Case No. A-300

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Mesa, Colorado *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Paris (Township) (Village)

(c) Name of hospital or institution: R.R. # 1, Marysville, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 30 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) Paris (Township) (Village)

(d) Street No. _____

3. Full name of child Dull (Surname) Thurston (First) Tippitt (Middle)

4. Date of birth March 21, 1902 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Dull (Surname) Walter (First) Byron (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Richwood, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Martin (Surname) Mary (First) Loufamia (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Plain City, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 6
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. A. B. Swisher
Address Marysville
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth said record is incorrect in that his name is recorded Thirston Dull and should have been recorded Thurston Tippitt Dull, in Vol. 3, p. 52, No. 48*
Your applicant hereby makes application for an order of the Court, directing the correction of his birth record, as provided by law.

Thurston Tippitt Dull *Applicant*

The State of Ohio, Mesa Colorado, Mesa **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Thurston Tippitt Dull *Applicant*

P. O. Address Mesa, Colo.

Sworn to before me and signed in my presence this 12 *day of* June *19* 42.

Alice L. De Camp

(Seal) Notary Public, My commission expres June 13, 1943
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Chester H. Chandler, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Chester H. Chandler

P. O. Address R. # 5, Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* June *19* 42.

Frank Reems

(Seal) Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Thomas H. Evans, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Thomas H. Evans

P. O. Address 304 W. 3rd St.

Sworn to before me and signed in my presence this 17th *day of* June *19* 42.

Frank Reams

(Seal) Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Thurston Tippitt Dull

June 18 *19* 42

Case No. A-300

ORDER FOR HEARING

This day Thurston Tippitt Dull *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered, by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Thurston Tippitt Dull

Probate Court, Union **County, Ohio**

June 18 *19*42

Case No. A-300

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Thurston Tippitt Dull *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Union County Probate Court, Volume 3, page 52, No. 48. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Chester H. Chandler and Thomas H. Evans, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Paris (Village) (Township)

(c) Name of hospital or institution: R. R. # 1, Marysville, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 30 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) Paris (Village) (Township)

(d) Street No. ____

3. Full name of child: Dull (Surname) Thurston (First) Tippitt (Middle)

4. Date of birth March 21, 1902 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Dull (Surname) Walter (First) Byron (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace: Richwood (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Martin (Surname) Mary (First) Loufamia (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace: Plain City (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 6

(b) How many other children were born alive but are now dead? None

(c) How many children were born dead? None

22. Attending Physician or Midwife:

Name Dr. A. B. Swisher

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name of the applicant be Thurston Tippitt Dull instead of Thirston Dull as recorded.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

*19*____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correctionof birth record
of John H. Schwartzkopf

Case No. A- 301

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 24 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Paris Township (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Schwartzkopf (Surname) John Henry (First) (Middle)

4. Date of birth 2-24-1884 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Schwartzkopf (Surname) George (First) (Middle)
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation ____
14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Dellinger (Surname) Anna (First) C (Middle)
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name ____
Address ____
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* ~~is~~ not properly and accurately recorded in Vol 2, page 69 of the birth records of Union County, Ohio. Name appears John H. Schwatckop and should be John Henry Schwartzkopf

Your applicant hereby makes application for an order of the Court, directing the correction of his birth *as provided by law.*

John Henry Schwartzkopf *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

John Henry Schwartzkopf *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* June *19* 42.

Clifton L. Caryl, Notary Public
(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Dora Schwartzkopf, an aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dora Schwartzkopf

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* June *19* 42.

Clifton L. Caryl, Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Anna Margaret Bietsch, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Anna Margaret Bietsch

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* June *19* 42.

Clifton L. Caryl Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record
of John Henry Schwartzkopf

June 26 *19* 42

Case No. A- 301 ✓

ORDER FOR HEARING

This day John Henry Schwartzkopf *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ____ be and hereby is appointed Special Master Commissioner to take sworn testimony on said application if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page ____

John W. Bailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

Probate Court, Union County, Ohio

In the Matter of the CORRECTION OF BIRTH RECORD

June 26 19 42

Case No. A- 301

Of John Henry Schwartzkopf

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of John Henry Schwartzkopf *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County Probate Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution In this community 24 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Schwartzkopf (Surname) John (First) Henry (Middle)

4. Date of birth 2-24-1884 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Schwartzkopf (Surname) George (First) (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Dellinger (Surname) Anna (First) C (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation

20. Industry or business

22. Attending Physician or Midwife:

Name

Address

M. D., midwife, or other

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name of the applicant appear as John Henry Schwartzkopf instead of John H. Schwatckpp as now appears of record; that the name of applicants father be corrected from George Schwatckop to George Schwartzkopf; that the maiden name of applicants mother be changed from Anna C. Dillinger to Anna C, Dellinger

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal)

John W. Bailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D Probate Court, County, Ohio

In the Matter of the REGISTRATION OF BIRTH

19

Case No.

of

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of birth.* *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* *; that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Carl Monroe Marsh

Case No. A-304

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome Township (City) (Village) (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 4 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Marsh (Surname) Carl (First) Monroe (Middle)

4. Date of birth Feb. 21, 1889 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3d: x

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Marsh (Surname) William (First) F. (Middle)

10. Color or race: white

11. Age at time of this birth: 27 yrs.

12. Birthplace: Ashley (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farming

MOTHER OF CHILD

15. Full maiden name: Brown (Surname) Minnie (First) E. (Middle)

16. Color or race: white

17. Age at time of this birth: 22 yrs.

18. Birthplace: Logan (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? no

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name: Dr. Matoon

Address: Plain City, Ohio

M. D., midwife, or other: M. D.

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3 page 130 of the birth records of Union county, Ohio, in that the date of his birth is given in said record as Feb. 1, 1889 whereas it should be February 21, 1889.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Carl Monroe Marsh *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Carl Monroe Marsh *Applicant*

P. O. Address 223 North Wayne Avenue, Columbus, Ohio

Sworn to before me and signed in my presence this 20th *day of* June *19* 42.

Helen Hawke

(Seal) Notary Public (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth record *of* Carl Monroe Marsh

June 20 1942

Case No. A-304 ✓

ORDER FOR HEARING

This day Carl Monroe Marsh *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Carl Monroe Marsh

Probate Court, Union **County, Ohio**

June 20 *19* 42

Case No. A-304

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Carl Monroe Marsh *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio, in volume 3 at page 130. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome Township (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 4 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Marsh (Surname) Carl (First) Monroe (Middle)

4. Date of birth: Feb. 21, 1889 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3d: x

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Marsh (Surname) William (First) F. (Middle)

10. Color or race: white 11. Age at time of this birth: 27 yrs.

12. Birthplace: Ashley (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farming

MOTHER OF CHILD

15. Full maiden name: Brown (Surname) Minnie (First) L. (Middle)

16. Color or race: white 17. Age at time of this birth: 22 yrs.

18. Birthplace: Logan (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? no

22. Attending Physician or Midwife:

Name Dr. Matoon

Address Plain City, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the date of birth as shown in said record volume 3 at page 130 as February 1, 1889 be corrected to show said birth as taking place on February 21, 1889.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Glenn Lawrence Grigsby

Case No. A-305

APPLICATION

Your applicant respectfully represents that he *was born in* Franklin *County, Ohio; that* he *now resides in* Union County, *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Franklin
(b) Columbus (City) (Village) (Township)
(c) Name of hospital or institution: Mt. Carmel Hos.
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Madison
(c) Plain City (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Grigsby, Glenn Lawrence (Surname, First, Middle)
4. Date of birth 6/22/1917 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD

9. Full name: Grigsby James M. (Surname, First, Middle)
10. Color or race: white
11. Age at time of this birth: 28 yrs.
12. Birthplace: Perry County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: barber
14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Cody Anastasia (Surname, First, Middle)
16. Color or race: white
17. Age at time of this birth: 35 yrs.
18. Birthplace: Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name: Dr. W. D. Inglis
Address: Columbus, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not correctly recorded
Your applicant hereby makes application for an order of the Court, directing correction of birth *, as provided by law.*

Glenn Lawrence Grigsby *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Glenn Lawrence Grigsby *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 20 *day of* June *19* 42

Helen Hawke
Notary Public
(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Bernard H. Cody, uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Bernard H. Cody

P. O. Address Toledo, Ohio

Sworn to before me and signed in my presence this 20th *day of* June *19* 42.

Helen Hawke
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Anastasia Grigsby, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Anastasia Grigsby

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 20 *day of* June *19* 42.

Helen Hawke
Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of the birth
of Glenn Lawrence Grigsby

____ *19* ____

Case No. ____

ORDER FOR HEARING

This day Glenn Lawrence Grigsby *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Glenn Lawrence Grigsby

Probate Court, Union County, Ohio

June 20th 19 42

Case No. A-305

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Glenn L. Grigsby *for an order of The Court correcting* his *birth record, as it is registered in the office of* Bureau of Vital Statistics, Cols. Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* The testimony of Bernard H. Cody and Anastasia Grigsby, two credible persons having knowledge; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Franklin

(b) Columbus (City) (Village) (Township)

(c) Name of hospital or institution: Mt. Carmel Hos. (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution 1 day In this community 1 day (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Plain City (City) (Village) (Township)

(d) Street No.

3. Full name of child Grigsby (Surname) Glenn (First) Lawrence (Middle)

4. Date of birth 6/22/1917 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Grigsby, James (Surname) (First) M. (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Perry Co., (City, town, or county) Ohio (State or foreign country)

13. Usual occupation barber

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Cody, Anastasia (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Union Co., (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. W. D. Inglis

Address 137 E. State St. Columbus, Ohio

M. D., midwife, or other

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

that the name of the applicant, to-wit, Glenn Lawrence Grigsby, be shown, and his sex be shown as male instead of female.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, County, Ohio

19

Case No.

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of for an order of The Court directing the registration of birth. , having personally examined the applicant in open court, finds that the facts stated in the application are supported by ; that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution: (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Merle Harrison Snodgrass

Case No. A-306

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Kansas City Missouri *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (City) (Village) (Township)

(d) Street No.

3. Full name of child Snodgrass (Surname) Merle (First) Harrison (Middle)

4. Date of birth May 3, 1887 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Snodgrass (Surname) William (First) Morey (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Milford Center, (City, town, or county) Ohio, (State or foreign country) U.S.A

13. Usual occupation merchant

14. Industry or business General store

MOTHER OF CHILD

15. Full maiden name Joseph (Surname) Mary Ann (First) (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Quincy, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

22. Attending Physician or Midwife:

Name Dr. Roots

Address

M. D., midwife, or other

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and acurately recorded in Vol. 3 page 175 of the birth records of Union County, Ohio record

Your applicant hereby makes application for an order of the Court, directing the correction of his birth *as provided by law.*

Merle Harrison Snodgrass *Applicant*

The State of ~~Ohio~~ Missouri, Jackson County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Merle Harrison Snodgrass *Applicant*

P. O. Address 444 West 58 Terr, Kansas City, Mo

Sworn to before me and signed in my presence this 9 *day of* June *19* 42

Isabelle Tobin, Notary Public

(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ County, ss.

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union County, ss.

I, Helen Erb, a family friend, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Helen Erb

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 16 *day of* June *19*42.

Guy Coughenour, Notary Public

(Official Title)

The State of Ohio, Union County, ss.

I, Carrie Shearer, a family friend, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carrie Shearer

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 12th *day of* June *19*42.

Adele M. Kagay

Notary Public

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth

of ~~Merle Harrison Snodgrass~~

June 24 *19*42

Case No. A-306 ✓

ORDER FOR HEARING

This day Merle Harrison Snodgrass *appeared in open court and filed an application for the* correction of his birth.

It is ordered that hearing on said application be forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ~~be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary;~~ and this cause is continued.

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Merle Harrison Snodgrass

Probate Court, Union **County, Ohio**

June 24 1942

Case No. A- 306

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Merle Harrison Snodgrass *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio in Vol 3, page 175 No. 391 *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Snodgrass (Surname) Merle (First) Harrison (Middle)

4. Date of birth May 3, 1887 (Month) (Day) (Year)

5. Sex white

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? May 3, 1887

FATHER OF CHILD

9. Full name Snodgrass (Surname) William (First) Morey (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Milford Center, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation merchant

14. Industry or business general store

MOTHER OF CHILD

15. Full maiden name Joseph (Surname) Mary Ann (First) (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Quincy, Ohio (City, town, or county) ____ (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Roots

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That Merril Snodgrass be changed to Merle Harrison Snodgrass; that fathers name W.M.Snodgrass be changed to William Morey Snodgrass; that mothers name be changed to Mary Ann Joseph

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal)

John W. ~ailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the birth record
of Hadley Clarence Reames

Case No. A-308

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Bellevue, King County, Washington; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Byhalia (City) (Village) (Township)

(c) Name of hospital or institution: On a farm in Union County
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Byhalia (City) Washington (Township) (Village)

(d) Street No. ____

3. Full name of child Reames (Surname) Hadley (First) Clarence (Middle)

4. Date of birth Nov. 18, 1884 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Reames (Surname) George (First) Harris (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace No. Lewisburg, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming and saw mill worker

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Reeve, Julana Meliscent (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace West Mansfield, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business farmer's wife

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Charles Wesley Morrow

Address Mt. Victory, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol 2 page 80 of the birth records of Union County, Ohio. This child was a male child and the records show it to be a female child, which records should be corrected. The surname should be corrected ~~in its spelling~~ to Reames.

Your applicant hereby makes application for an order of the Court, directing the correction of the birth record as provided by law.

Hadley Clarence Reames *Applicant*

The State of Ohio, Washington **County,** of King, ss.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Hadley C. Reames *Applicant*

P. O. Address Bellevue, Wash.

Sworn to before me and signed in my presence this 14 *day of* August *19* 42

Gordon McGauvran

(Seal)

Notary Public in and for the State of Washington
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, ~~XXXXX~~ New Mexico, Dona Ana **County, ss.**

I, Julana Meliscent Reames mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Julana Meliscent Reames

P. O. Address Mesilla Park, New Mexico

Sworn to before me and signed in my presence this 17 *day of* August *19* 42.

F. A. Puffers

(Seal)

Justice of the Peace
(Official Title)

The State of Ohio, New Mexico, Dona Ana **County, ss.**

I, Carrie B. Reames sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carrie B. Reames

P. O. Address Mesilla Park, New Mexico

Sworn to before me and signed in my presence this 17 *day of* August *19* 42.

F. A. Puffers

(Seal)

Justice of the Peace
(Official Title)

Probate Court, Union **County, Ohio**

August 24 *19* 42

In the Matter of the correction of birth record
of Hadley Clarence Reames

Case No. A-308 ✓

ORDER FOR HEARING

This day Hadley Clarence Reames *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal)

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Hadley Clarence Reames

Probate Court, Union **County, Ohio**

August 24 1942

Case No. A-308

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Hadley Clarence Reames *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts and documentary evidence.; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Byhalia (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Byhalia (City) Washington (Village) (Township)

(d) Street No. ____

3. Full name of child Reames (Surname) Hadley (First) Clarence (Middle)

4. Date of birth Nov. 18, 1884 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Reames (Surname) George (First) Harris (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace North Lewisburg (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming and saw mill worker

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Reeve, Julana Meliscent (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace West Mansfield (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business farmer's wife

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Charles Wesley Morrow

Address Mt. Victory, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the sex of ~~of~~ the applicant be corrected from female to male and that his name be given as Hadley Clarence Reames in Volume 2, page 80 of the birth records of this court.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Ray Ada Mulvaine

Case No. A-315

APPLICATION

Your applicant respectfully represents that _____ *was born in* _____ *County, Ohio; that* _____ *now resides in* _____; *and that the following are the available facts with relation to* _____ *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? _____

(b) How many other children were born alive but were then dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of _____ *birth* _____

Your applicant hereby makes application for an order of the Court, directing _____, *as provided by law.*

_____ *Applicant*

The State of Ohio, _____ **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as _____ *verily believes.*

_____ *Applicant*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____
(Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____
(Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____
(Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____
(Official Title)

Probate Court, _____ **County, Ohio**

In the Matter of the _____
of _____

_____ *19____*

Case No. 315

ORDER FOR HEARING

This day _____ *appeared in open court and filed an application for the* _____.

It is ordered that hearing on said application _____

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ _____ *Probate Judge.*

A-315 (Filed July 6,1942)

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Ray Ada Mulvaine

Probate Court, Morrow County, Ohio

July 3 1942

Case No. 366

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ray Ada Mulvaine *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union Co. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of O. H. Vermillion and Mary Vermillion, persons having knowledge of the facts; also sufficient documentary evidence; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Mulvaine (Surname) Ray (First) Ada (Middle)

4. Date of birth May 18, 1887 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mulvaine (Surname) David (First) O. (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union Co. (City, town, or county) ____ (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Browning, Dora (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Licking Co. (City, town, or county) ____ (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? one

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Mrs. Fulton

Address Fulton, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: the name should be Ray Ada Mulvaine instead of Ada R. Mulvaine and sex should be Male instead of Female.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Conard Clouse *Probate Judge.*

(See page 633 for certificate)

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of John Loyd Coder

Case No. A-317

APPLICATION

Your applicant respectfully represents that he *was born in* Marion *County, Ohio; that* he *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Marion

(b) Prospect, Ohio (City) Prospect (Village) (Township)

(c) Name of hospital or institution: home, Prospect, Ohio, R.F.D.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 1 mo.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Summit County

(c) Akron (City) (Village) (Township)

(d) Street No. 1146 South Main St. Akron, Ohio

3. Full name of child Coder (Surname) John (First) Loyd (Middle)

4. Date of birth June 8, 1922 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Coder (Surname) John (First) Loyd (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County, (City, town, or county) Ohio, USA (State or foreign country)

13. Usual occupation test car driver

14. Industry or business test car driver

MOTHER OF CHILD

15. Full maiden name Beckley (Surname) Lena (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. F. M. Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in File No.54496 in the Bureau of Vital Statistics, State of Ohio, Being from Registration district No. 813, Primary registration District No.5236, Prospect Township, Marion County, Ohio. The sister of Mother of Applicant gave the information to the attending physician using the "Nick name" Jack, and attending physician thereupon reported the name.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

John Loyd Coder *Applicant*

The State of Ohio, Cuyahoga County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

John Loyd Coder *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 7 *day of* July *19* 42

Nathan Friedman

(Seal) Nathan Friedman, Notary Public
(Official Title)

AFFIDAVIT

Probate Court, _____ County, Ohio

In the Matter of Correction of Birth Record
of John Loyd Coder

The State of Ohio, Union County, ss.

I, F. M. Wurtsbaugh, *do hereby certify that I was the physician in attendance at the birth of* John Loyd Coder, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

F. M. Wurtsbaugh, L. M. D. *Attending Physician*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 10th *day of* July *19* 42

F. LeRoy Allen

(Seal) F.LeRoy Allen, Notary Public for the State of Ohio, My commission expires Feb. 6, 1945
(Official Title)

The State of Ohio, Union County, ss.

I, Lena Harris, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lena Harris

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 10th *day of* July *19*42.

F. LeRoy Allen

(Seal) F.LeRoy Allen, Notary Public for the State of Ohio. Com. exp. Feb. 6, 1945
(Official Title)

The State of Ohio, Unio County, ss.

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of John Loyd Coder

July 10 *19*42

Case No. A-317

ORDER FOR HEARING

This day John Loyd Coder *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of John Loyd Coder

Probate Court, Union County, Ohio

July 10 1942

Case No. A-317

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of John Loyd Coder *for an order of The Court correcting* his *birth record, as it is registered in the office of* Bureau of Vital Statistics, Columbus, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavit of attending physician and the mother; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Marion

(b) Prospect, Ohio (City) Prospect (Village) (Township)

(c) Name of hospital or institution: home, Prospect, Ohio, R.F.D.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 1 mo.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Summit County

(c) Akron (City) (Village) (Township)

(d) Street No. 1146 South Main St.

3. Full name of child Coder (Surname) John (First) Loyd (Middle)

4. Date of birth June 8, 1922 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Coder (Surname) John (First) Loyd (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County, (City, town, or county) Ohio, (State or foreign country) USA

13. Usual occupation test car driver

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Beckley (Surname) Lena (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. F. M. Wurtsbaugh

Address Richwood, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Change Jack Junior Coder to John Loyd Coder.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Clarence William Gamble

Case No. A-316

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio, Route # 3 *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution none In this community 38 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover (City) (Village) (Township)

(d) Street No.

3. Full name of child Gamble (Surname) Clarence (First) William (Middle)

4. Date of birth March 8, 1921 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gamble (Surname) William (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Dover Twp. Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Taylor (Surname) Laura (First) Etta (Middle)

16. Color or race white 17. Age at time of this birth 38 yrs.

18. Birthplace Dover Twp. Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 4

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Chas. D. Mills

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been accurately or correctly recorded in the Bureau of Vital Statistics. That his first and middle names have been incorrectly recorded and read "William Taylor Gamble" and should read "Clarence William Gamble."

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Clarence William Gamble *Applicant*

The State of Ohio, Union County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Clarence William Gamble *Applicant*

P. O. Address Marysville, Ohio, Route # 3

Sworn to before me and signed in my presence this 13 *day of* July *19* 42.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public (Official Title)

AFFIDAVIT Probate Court, County, Ohio

In the Matter of

of

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union County, ss.

I, William H. Gamble, father *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

W. H. Gamble

P. O. Address Marysville, Ohio, Route # 3

Sworn to before me and signed in my presence this 13th *day of* July *19* 42.

(Seal)

John W. Dailey

(Official Title)

The State of Ohio, Union County, ss.

I, Laura E. Gamble, mother *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Laura E. Gamble

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* July *19* 42.

(Seal)

John W. Dailey

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record

of Clarence William Gamble

July 13 *19* 42

Case No. A 316

ORDER FOR HEARING

This day Clarence William Gamble *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be forthwith had and notice of this hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page

(Seal)

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Clarence William Gamble

Probate Court, Union County, Ohio

July 13 1942

Case No. A 316

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Clarence William Gamble *for an order of The Court correcting* his *birth record, as it is registered in the office of* Bureau of Vital Statistics, Columbus, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of William H. Gamble and Laura E. Gamble, persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover
(City) (Village) (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 38 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover
(City) (Village) (Township)

(d) Street No.

3. Full name of child Gamble (Surname) Clarence (First) William (Middle)

4. Date of birth March 8, 1921 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gamble (Surname) William (First) H. (Middle)

10. Color or race white

11. Age at time of this birth 44 yrs.

12. Birthplace Dover Twp. Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Taylor (Surname) Laura (First) E. (Middle)

16. Color or race white

17. Age at time of this birth 38 yrs.

18. Birthplace Dover Twp. Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 4
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Chas. D. Mills
Address Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That his first and middle names are incorrectly recorded, to-wit: "William Taylor Gamble" and should read "Clarence William Gamble."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of

19

Case No.

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of

for an order of The Court directing the registration of birth.

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by ; that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County

(b)
(City) (Village) (Township)

(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c)
(City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet — If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race

11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race

17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife
Name
Address
M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Max Brown Gordon

Case No. A-319

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Chicago, Cook County, Illinois *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) (City) (Village) Taylor (Township)

(c) Name of hospital or institution: Taylor Township
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 2 yrs. 6 mo.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) (City) (Village) Taylor (Township)

(d) Street No.

3. Full name of child: Gordon (Surname) Max (First) Brown (Middle)

4. Date of birth 9 21 1901 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Gordon (Surname) Bert (First) Maynard (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace: Logan County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name: Brown (Surname) Ethel (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace: Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Davis Henderson, M. D.
Address Marysville, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded. Date of Birth recorded as Sept. 22, 1901, should be Sept. 21, 1901. Sex recorded as Female and should be Male.

Your applicant hereby makes application for an order of the Court, directing correction of my birth records *as provided by law.*

Max Brown Gordon *Applicant*

The State of Ohio, Illinois, Cook **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Max Brown Gordon *Applicant*

P. O. Address Chicago, Illinois

Sworn to before me and signed in my presence this 25th *day of* February *19*43.

J. Paul Monaghan
Notary Public
(Official Title)

(Seal)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Illinois, Cook **County, ss.**

I, Douglas Sommerfeld, none, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Douglas Sommerfeld

P. O. Address 7041 Bennett Ave. Chicago, Ill.

Sworn to before me and signed in my presence this 25th *day of* February *19*43.

J. Paul Monaghan
Notary Public
(Official Title)

(Seal)

The State of Ohio, Illinois, Cook **County, ss.**

I, Pauline Kumenski, none, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Miss Pauline Kumenski

P. O. Address 10821 Bensley Ave.

Sworn to before me and signed in my presence this 25th *day of* February *19*43.

J. Paul Monaghan
Notary Public
(Official Title)

(Seal)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Max Brown Gordon

February 27 *19*43

Case No. A-319

ORDER FOR HEARING

This day Max Brown Gordon *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

Probate Court, Union County, Ohio

In the Matter of the CORRECTION OF BIRTH RECORD

February 27 19 43

Case No. A-319

Of Max Brown Gordon

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Max Brown Gordon *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* Affidavits of two persons having knowledge of facts, *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Taylor (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 2 yrs. 6 mo.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Taylor (Township)

(d) Street No. ____

3. Full name of child: Gordon (Surname) Max (First) Brown (Middle)

4. Date of birth: 9 21 1901 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Gordon (Surname) Bert (First) Maynard (Middle)

10. Color or race: white

11. Age at time of this birth: 26 yrs.

12. Birthplace: Logan Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: ____

MOTHER OF CHILD

15. Full maiden name: Brown (Surname) Ethel (First) ____ (Middle)

16. Color or race: white

17. Age at time of this birth: 22 yrs.

18. Birthplace: Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name: David Henderson

Address: Marysville, Ohio

M. D., midwife, or other: M. D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

Date of birth to September 21, 1901 - Recorded as Sept. 22, 1901

Sex, male - Recorded as Female

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

____ 19____

Case No. ____

of ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) ____ (Village) ____ (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) ____ (Village) ____ (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) ____ (First) ____ (Middle)

10. Color or race ____

11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)

16. Color or race ____

17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Frank Dewey Gregg

Case No. A-332

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Westerville, Route # 1 *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 34 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No.

3. Full name of child Gregg (Surname) Frank (First) Dewey (Middle)

4. Date of birth Dec. 13, 1897 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gregg (Surname) G. (First) B. (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Clark County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Bonnette (Surname) Mary (First) Etta (Middle)

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

22. Attending Physician or Midwife:
Name unknown
Address
M. D., midwife, or other

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 6
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly or correctly recorded in Volume 3, page 77, of the birth records of Union County, Ohio, That the said record reads "Gregg (not named) and the same should read "Gregg, Frank Dewey", hence the first and middle names of Frank Dewey should ~~be added.~~

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Frank Dewey Gregg *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Frank Dewey Gregg *Applicant*

P. O. Address Westerville, Ohio, Route # 1

Sworn to before me and signed in my presence this 3rd *day of* August *19*42.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public (Official Title)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of
of

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Chester Lowe, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Chester Lowe

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* August *19*42.

Carrie W. Hornbeck

(Seal)

Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Nellie Weidman, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nellie Weidman

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* August *19*42.

Carrie W. Hornbeck

(Seal)

Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth record
of Frank Dewey Gregg

August 3rd *19*42

Case No. A 332

ORDER FOR HEARING

This day Frank Dewey Gregg *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Frank Dewey Gregg

Probate Court, Union County, Ohio

August 3 19 42

Case No. A-332

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Frank Dewey Gregg *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Marysville, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* Chester Lowe and Nellie Weidman, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Leesburg (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 34 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Leesburg (Township)

(d) Street No. ____

3. Full name of child: Gregg (Surname) Frank (First) Dewey (Middle)

4. Date of birth Dec. 13, 1897 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Gregg (Surname) G. (First) B. (Middle)

10. Color or race: white 11. Age at time of this birth: 36 yrs.

12. Birthplace: Clark County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farming

14. Industry or business: farming

MOTHER OF CHILD

15. Full maiden name: Bonnette, (Surname) Mary (First) Etta (Middle)

16. Color or race: white 17. Age at time of this birth: 34 yrs.

18. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 6

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name unknown

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That, the said record reads "Gregg (not named)" and the same should read "Gregg, Frank Dewey", hence the first and middle names should be added.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) ____ (Village) ____ (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) ____ (Village) ____ (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) ____ (First) ____ (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the Birth
of Orson Elbert Davis

Case No. A-333

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Dayton, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) York (City) (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 1½ yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Davis (Surname) Orson (First) Elbert (Middle)

4. Date of birth Oct. 30, 1908 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Davis (Surname) Elbert (First) Clinton (Middle)
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Hardin County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farming
14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Fish (Surname) Minnie (First) (Middle)
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Jackson Twp. Union Co., Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? six
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address Peoria, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been accurately recorded in Vol. 4, page 38 of the birth records of Union County, Ohio, and that it be accurately recorded as Orson Elbert Davis.
Your applicant hereby makes application for an order of the Court, directing the correction of his birth record, *as provided by law.*

Orson Elbert Davis *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Orson Elbert Davis *Applicant*
P. O. Address 2205 Patterson Rd. Dayton, Ohio

Sworn to before me and signed in my presence this 30th *day of* July *19* 42

John W. Dailey
(Seal) Probate Judge (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**
I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**
I, Minnie Davis, mother of Orson Elbert Davis, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Minnie Davis
P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 30th *day of* July *19* 42

John W. Dailey
(Seal) Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**
I, Willard E. Winter, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Willard E. Winter
P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 30th *day of* July *19*42.

John W. Dailey
(Seal) Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Orson Elbert Davis

July 30 *19*42

Case No. A-333

ORDER FOR HEARING

This day Orson Elbert Davis *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Orson Elbert Davis

Probate Court, Union County, Ohio

July 30 1942

Case No. A-333

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Orson Elbert Davis *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio. Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits Minnie Davis, his mother, and Willard E. Winter, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) York (Township)

(c) Name of hospital or institution: At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 1½ yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) York (Township)

(d) Street No. ____

3. Full name of child: Davis (Surname) Orson (First) Elbert (Middle)

4. Date of birth: Oct. 30, 1908 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Davis (Surname) Elbert (First) Clinton (Middle)

10. Color or race: white 11. Age at time of this birth: 38 yrs.

12. Birthplace: Hardin County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farming

14. Industry or business: ____

MOTHER OF CHILD

15. Full maiden name: Fish (Surname) Minnie (First) ____ (Middle)

16. Color or race: white 17. Age at time of this birth: 34 yrs.

18. Birthplace: Jackson Twp. (City, town, or county) Union Co., (State or foreign country) Ohio

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:

(a) How many other children of this mother are now living? six

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name: Dr. C. L. Thompson

Address: Peoria, Ohio

M. D., midwife, or other: ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Corrected to Orson Elbert Davis. as recorded in Vol. 4 page 38 No. 412 of Union County, Ohio, birth records.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) ____ (Village) ____ (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) ____ (Village) ____ (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) ____ (First) ____ (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Josie Bell Hatcher

Case No. A-334

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 6928 Coleman Ave. E. Dearborn, Michigan *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 8 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Hatcher (Surname) Josie (First) Bell (Middle)

4. Date of birth Aug. 3, 1892 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Hatcher (Surname) Alexander (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Gurnsey (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business same

MOTHER OF CHILD

15. Full maiden name Browning (Surname) Mary (First) E. (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business same

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? three

(b) How many other children were born alive but were then dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. T. F. Wurtsbaugh, deceased

Address Richwood, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Volume 3, page 85 on the birth records of Union County, Ohio. As said birth was recorded incorrectly by giving the date ofbirth as Set.18,1892 in the record. The correct date was August 3,1892. ~~The first name of~~ applicant is recorded as Josephine Hatcher. Correct name is given herein.

Your applicant hereby makes application for an order of the Court, directing the correction of her birth record *as provided by law.*

Josie Bell Scott *Applicant*

The State of Ohio, Union County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Josie Bell Scott *Applicant*

P. O. Address 6928 Coleman Ave. East Dearborn, Michigan

Sworn to before me and signed in my presence this 31st *day of* July *19*42.

F. LeRoy Allen

(Seal) Notary Public, State of Ohio (Official Title)

AFFIDAVIT Probate Court, _____ County, Ohio

In the Matter of _____

of _____

The State of Ohio, _____ County, ss.

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union County, ss.

I, Mary E. Hatcher, mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary E. Hatcher

P. O. Address 440 E. George St. Marion, O.

Sworn to before me and signed in my presence this 31st *day of* July *19*42.

F. LeRoy Allen

(Seal) Notary Public, State of Ohio (Official Title)

The State of Ohio, Union County, ss.

I, Lloyd Winter, not related to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lloyd Winter

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 31st *day of* July *19*42.

F. LeRoy Allen

(Seal) Notary Public, State of Ohio (Official Title)

Probate Court, Union County, Ohio

August 1 19 42

In the Matter of the correction of birth record

of Josie Bell Hatcher

Case No. A-334

ORDER FOR HEARING

This day Josie Bell Hatcher *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Josie Bell Hatcher

Probate Court, Union County, Ohio

August 1 *19* 42

Case No. A-334

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Josie Bell Scott *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court of Union County. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Claibourne (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 8 yrs

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Claibourne (Village) (Township)

(d) Street No. ____

3. Full name of child Hatcher (Surname) Josie (First) Bell (Middle)

4. Date of birth Aug. 3, 1892 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hatcher (Surname) Alexander (First) (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Gurnsey (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business same

MOTHER OF CHILD

15. Full maiden name Browning (Surname) Mary (First) E. (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business same

21. Children born to this mother:

(a) How many other children of this mother are now living? three

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. T. F. Wurtsbaugh deceased

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: As said birth was recorded incorrectly by giving the date of birth as Sept. 18, 1892 in the record the correct date was Aug. 3, 1892. The first name of Applicant is recorded as Josephine Hatcher, correct name is Josie Bell Hatcher.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Howard Everett Wilcox

Case No. A-335

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Detroit, Wayne Co. Michigan *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Wilcox (Surname) Howard (First) Everett (Middle)

4. Date of birth Aug. 27, 1892 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wilcox, (Surname) Stanton (First) V. (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Wolford (Surname) Lena (First) B. (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

22. Attending Physician or Midwife:

Name Dr. Riggs

Address New Dover, Ohio

M. D., midwife, or other

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not properly and accurately recorded in Vol. 3, p. 213 of the records of birth of Union County, Ohio. In Volume 3, page 213 of the Records of births of Union County, Ohio, the name appears as Edward H. Wilcox when in truth and in fact the name should be Howard Everett Wilcox.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record, *as provided by law.*

Howard Everett Wilcox *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Howard Everett Wilcox *Applicant*

P. O. Address 25945 West McNichol Rd. Detroit, Michigan

Sworn to before me and signed in my presence this 5 *day of* August *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Fred Wilcox, uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

A. Fred Wilcox

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 5 *day of* August *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Estella Wilcox, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Estella Wilcox

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 5 *day of* August *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio. (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Howard Everett Wilcox

August 5 *19* 42

Case No. A-335

ORDER FOR HEARING

This day Howard Everett Wilcox *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

Probate Court, Union County, Ohio

In the Matter of the CORRECTION OF BIRTH RECORD

August 5 1942

Of Howard Everett Wilcox

Case No. A-335

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Howard Everett Wilcox *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Wilcox (Surname) Howard (First) Everett (Middle)

4. Date of birth Aug. 27, 1892 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet none If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wilcox (Surname) Stanton (First) V. (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Wolford (Surname) Lena (First) B. (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Riggs

Address New Dover, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name be corrected to Howard Everett Wilcox from Edward H. Wilcox, as now appears of record in Vol. 3, page 213 of the records of birth of Union County, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

19____

Case No. ____

of ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of William Robinson Cameron

Case No. A-337

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: 509 West 4th Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 2 mos. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Lucas

(c) Toledo (City) (Village) (Township)

(d) Street No. Floyd Street

3. Full name of child: Cameron (Surname) William (First) Robinson (Middle)

4. Date of birth Sept. 3, 1902 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cameron, (Surname) Richard (First) Lee (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Lawyer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Robinson, (Surname) Emily (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. D. Mills
Address Marysville, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 7, page 39 of the birth records of Lucas County, Ohio, in that the place of birth is incorrectly given therein as Toledo, Lucas County, Ohio, instead of correctly as Marysville, Ohio, and also in that the middle names are not given and the mother's first name is misspelled.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

William Robinson Cameron *Applicant*

The State of Ohio, ____ **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as ____ *verily believes.*

William Robinson Cameron *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7 *day of* August *19*42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Richard L. Cameron, father of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Richard L. Cameron

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7 *day of* August *19*42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Mabel C. Thrall, aunt of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mabel C. Thrall

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7 *day of* August *19*42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of William Robinson Cameron

August 7 *19* 42

Case No. A-337

ORDER FOR HEARING

This day William Robinson Cameron *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of William Robinson Cameron

Probate Court, Union County, Ohio

August 7 1942

Case No. A-337

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of William Robinson Cameron *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Lucas County, Ohio, in Vol. 7, page 39 of the birth records of said court. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Richard L. Cameron and Mabel C. Thrall, two credible witnesses having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: 509 West 4th Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 2 mos. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Lucas

(c) Toledo (City) (Village) (Township)

(d) Street No. Floyd Street

3. Full name of child Cameron (Surname) William (First) Robinson (Middle)

4. Date of birth Sept. 3, 1902 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cameron (Surname) Richard (First) Lee (Middle)

10. Color or race white — 11. Age at time of this birth 30 yrs.

12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Lawyer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Robinson (Surname) Emily (First) Jane (Middle)

16. Color or race white — 17. Age at time of this birth 29 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. C. D. Mills

Address Marysville, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the place of birth of the applicant be correctly stated to be Marysville, Ohio, rather than Toledo, Lucas County, Ohio; that the middle names of the applicant, his father, and his mother be given; and that the mother's first name be correctly spelled as Emily, rather than incorrectly as Emlie.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, _____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of _____

_____ 19____

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____ *for an order of The Court directing the registration of* _____ *birth.*

_____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* _____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name _____

Address _____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Arthur Thomas

Case No. A-338

APPLICATION

Your applicant respectfully represents that Arthur *was born in* Union *County, Ohio; that* he *now resides in* Ostrander, Delaware Co. *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Magnetic Springs- Leesburg (City) (Village) (Township)
(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 5 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Magnetic Springs, Leesburg (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Thomas (Surname) Arthur (First) ____ (Middle)

4. Date of birth Apr. 21, 1905 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Harry Thomas (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 39 yrs.
12. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)
13. Usual occupation blacksmith
14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Krouskopf, Mary (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Reading (City, town, or county) Pa. (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth: 6
(a) How many other children of this mother were living? 6
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Newhouse
Address Magnetic Springs
(deceased)
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3, page 199.
Your applicant hereby makes application for an order of the Court, directing correction *, as provided by law.*

Arthur Thomas *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Arthur Thomas *Applicant*

P. O. Address Norman Oklahoma

Sworn to before me and signed in my presence this 10 *day of* August *19* 42

Ona Lee Helms
(Seal) Notary Public, State of Oklahoma
(Official Title)
My commission expires 1-17-45

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Delaware **County, ss.**

I, M. Magdalene Thomas, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

M. Magdalene Thomas

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 7th *day of* Aug. *19* 42

Mary Benton
(Seal) Notary Public
(Official Title)

The State of Ohio, Delaware **County, ss.**

I, Harry Thomas, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Harry Thomas

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 7th *day of* Aug. *19* 42

Mary Benton
(Seal) Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Arthur Thomas

August 15 *19*42

Case No. A-338

ORDER FOR HEARING

This day Arthur Thomas *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice ofsaid hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Arthur Thomas

Probate Court, Union County, Ohio

August 15 1942

Case No. A-338

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Arthur Thomas *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of M. Magdalene Thomas, his sister, and Harry Thomas, his father, persons having knowledge of the facts. *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Magnetic Springs-Leesburg (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 5 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Magnetic Springs, Leesburg (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Thomas (Surname) Arthur (First) (Middle)

4. Date of birth Apr. 21, 1905 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thomas, Harry (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)

13. Usual occupation blacksmith

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Krouskopf, Mary (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Reading (City, town, or county) Pennsylvania (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 6

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Newhouse

Address Magnetic Springs

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the first name be added to said record in Volume 3, page 199.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

*19*____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Dana Clifton Thompson

Case No. A-343

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Franklin County, Ohio *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 15 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Thompson (Surname) Dana (First) Clifton (Middle)

4. Date of birth April 5, 1890 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet none If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson (Surname) L. (First) N. (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Bowen, (Surname) Emma (First) (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Vigor

Address New Dover, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 173 of the records of births of Union County, Ohio, in that the first name of applicant was omitted in said record, said name being Dana Clifton Thompson, and in that the date of birth appears on said record as April 6, 1890 when in truth and in fact it should be April 5, 1890.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Dana Clifton Thompson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Dana Clifton Thompson *Applicant*

P. O. Address 993 Bryden Road, Columbus, Ohio

Sworn to before me and signed in my presence this 13 *day of* August *19* 42

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, L. N. Thompson, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lewis N. Thompson

P. O. Address Marysville, Ohio, RFD # 5

Sworn to before me and signed in my presence this 13 *day of* August *19*42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Avis Collier, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Avis Collier

P. O. Address 224 Ash Street, Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* August *19* 42

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record *of* Dana Clifton Thompson

August 13 *19* 42

Case No. A-343 ✓

ORDER FOR HEARING

This day Dana Clifton Thompson *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Dana Clifton Thompson

Probate Court, Union County, Ohio

August 13 19 42

Case No. A-343

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Dana Clifton Thompson *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 15 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Thompson (Surname) Dana (First) Clifton (Middle)

4. Date of birth April 5, 1890 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d ---

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson (Surname) L. (First) N. (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Bowen (Surname) Emma (First) (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Vigor

Address New Dover, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the first name on said record appear as Dana Clifton Thompson, and that the date of birth be corrected from April 6, 1890, as now appears of record in Vol. 3, page 193, of the records of birth of Union County, Ohio, to April 5, 1890.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of

19

Case No.

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of

for an order of The Court directing the registration of birth.

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by ; that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Howard Clifton Drake

Case No. A-350

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington
(City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 5 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union County

(c) Washington
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Drake (Surname) Howard (First) Clifton (Middle)

4. Date of birth Sept. 4, 1886 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Drake (Surname) John (First) M. (Middle)

10. Color or race: white 11. Age at time of this birth: 40 yrs.

12. Birthplace: Warren County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Sharp, (Surname) Lydia (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 36 yrs.

18. Birthplace: Knox County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: housewife

21. Children born to this mother before this birth: 4

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. George Miller
Address Byhalia, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, p. 44, No. 113 of the birth records of Union County, Ohio. Name of applicant is recorded Clifton Drake there as reported by the Assesor, the first name "Howard" is omitted from said birth record.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record as provided by law.

Howard Clifton Drake *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Howard Clifton Drake *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 20th *day of* August *19*42.

F. LeRoy Allen

(Seal)

F. LeRoy Allen, Notary Public for the State of Ohio. my commission expires Feb. 6, 1945
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Seal)

(Official Title)

The State of Ohio, Union **County, ss.**

I, Rella Boggs, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Rella Boggs

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 20th *day of* August *19* 42.

F. LeRoy Allen

(Seal)

Notary Public, State of Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, H. C. Duke, Attending Physician, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

H. C. Duke

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 20th *day of* August *19* 42.

F. LeRoy Allen

(Seal)

Notary Public, State of Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Howard Clifton Drake

August 21 *19* 42

Case No. A-350

ORDER FOR HEARING

This day Howard Clifton Drake *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Howard Clifton Drake

Probate Court, Union County, Ohio

August 21 19 42

Case No. A-350

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Howard Clifton Drake *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Washington (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 5 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Washington (Township)

(d) Street No. ____

3. Full name of child: Drake (Surname) Howard (First) Clifton (Middle)

4. Date of birth Sept. 4, 1886 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Drake (Surname) John (First) M. (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Warren County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Sharp, (Surname) Lydia (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Knox County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother: 4

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. George Miller

Address Byhalia, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Name of Applicant is recorded Clifton Drake there as reported by the Assesor, the first name "Howard" is omitted from said birth record. Name in full corrected to read "Howard Clifton Drake."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) ____ (Village) ____ (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) ____ (Village) ____ (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) ____ (First) ____ (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Richard Bird McCamey

Case No. A-351

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Dayton, Ohio, Montgomery County; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Leesburg Township (City) (Village) (Township)
(c) Name of hospital or institution: residence
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Leesburg Township (City) (Village) (Township)
(d) Street No.

3. Full name of child McCamey (Surname) Richard (First) Bird (Middle)

4. Date of birth Nov. 30, 1876 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McCamey (Surname) LeRoy (First) Spencer (Middle)
10. Color or race white — 11. Age at time of this birth 32 yrs.
12. Birthplace Licking Co. (City, town, or county) ____ (State or foreign country)
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Armstrong, Martha Ellen (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 33 yrs.
18. Birthplace Licking Co. (City, town, or county) ____ (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth: 4
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 1

22. Attending Physician or Midwife:
Name Dr. Skidmore
Address Pharisburg, Union Co. O.
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not properly and accurately recorded in Vol.1, p.196 of the birth records of Union County, Ohio, in that the first and middle names are not given and the last name is incorrectly spelled, the same being correctly spelled "McCamey", and the day of the birth being ~~incorrect~~, the correct date being November 30, 1876.

Your applicant hereby makes application for an order of the Court, directing the correction of the birth record *as provided by law.*

Richard Bird McCamey *Applicant*

The State of Ohio, Montgomery **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Richard Bird McCamey *Applicant*

P. O. Address 226 Bierce Ave., Dayton, Ohio

Sworn to before me and signed in my presence this 31st *day of* August *19* 42.

H. H. Durst

(Seal) H. H. Durst, Notary Public (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Montgomery **County, ss.**

I, Vinnie (McCamey) LaDow, sister of Richard Bird McCamey, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Vinnie (McCamey) LaDow

P. O. Address Floral Ave. Dayton, O.

Sworn to before me and signed in my presence this 31st *day of* August *19* 42.

H. H. Durst

(Seal) H.H. Durst, Notary Public (Official Title)

The State of Ohio, Montgomery **County, ss.**

I, Milton W. LaDow, brother-in-law of Richard Bird McCamey *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Milton W. LaDow

P. O. Address FloralAve. Dayton, O.

Sworn to before me and signed in my presence this 31st *day of* August *19* 42.

H. H. Durst

(Seal) H. H. Durst, Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth record
of Richard Bird McCamey

September 2 *19* 42

Case No. A-351

ORDER FOR HEARING

This day Richard Bird McCamey *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

Probate Court, Union County, Ohio

In the Matter of the CORRECTION OF BIRTH RECORD

September 2 1942

Case No. A-351

Of Richard Bird McCamey

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Richard Bird McCamey *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio, Volume 1, page 196. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavit of Minnie McCamey LaDow (sister) and Milton W. LaDow, (brother-in-law) of Richard Bird McCamey; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg Township (City) (Village) (Township)

(c) Name of hospital or institution: residence (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 10 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child McCamey (Surname) Richard (First) Bird (Middle)

4. Date of birth Nov. 30, 1876 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McCamey (Surname) LeRoy (First) Spencer (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Licking County (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Armstrong, Martha Ellen (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Licking County (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother: 4

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 1

22. Attending Physician or Midwife:

Name Dr. Skidmore

Address Pharisburg

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: by setting forth the first and middle names of the applicant and by correcting the spelling of the last name from that of McCamy to McCamey and by correcting the day of his birth from that of November 28th to that of November 30th, 1876.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

19____

Case No. ____

of ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Clarence Arthur Shuler

Case No. A-355

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 33 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Shuler (Surname) Clarence (First) Arthur (Middle)

4. Date of birth 1/16/1896 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Shuler (Surname) Marion (First) A. (Middle)

10. Color or race white 11. Age at time of this birth 49 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation tile mill worker

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Thompson, (Surname) Fannie (First) H. (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? three

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Henderson

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, p. 185 of the records of birth Union County, Ohio. in that the date of birth on said record appears as January 16, 1897, when in truth and in fact it should be January 16, 1896; in that the first name of ~~the applicant~~ is not recorded said name being Clarence Arthur Shuler; and that the maiden name of the mother should be Fannie H. Thompson instead of Farina Shuler.

Your applicant hereby makes application for an order of the Court, directing , *as provided by law.*

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Clarence Arthur Shuler *Applicant*

P. O. Address Marysville, Ohio RFD #3

Sworn to before me and signed in my presence this 25 *day of* August *19*42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of

of

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ora Thompson, sister , *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ora Thompson

P. O. Address RD# 3, Marysville, O.

Sworn to before me and signed in my presence this 25 *day of* August *19*42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Charles Shuler, cousin , *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles Shuler

P. O. Address RFD # 3, Marysville, Ohio

Sworn to before me and signed in my presence this 25 *day of* August *19*42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Clarence Arthur Shuler

August 25 *19* 42

Case No. A-355 ✓

ORDER FOR HEARING

This day Clarence Arthur Shuler *appeared in open court and filed an application for the* correction of his birth record .

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Clarence Arthur Shuler

Probate Court, Union County, Ohio

August 25 19 42

Case No. A-355

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Clarence Arthur Shuler *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio, Volume 3, page 185, No. 292. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 33 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Shuler (Surname) Clarence (First) Arthur (Middle)

4. Date of birth 1/16/1896 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Shuler (Surname) Marion (First) A. (Middle)

10. Color or race white 11. Age at time of this birth 49 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation tile mill worker

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Thompson (Surname) Fannie (First) H. (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? three

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Henderson

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the date of birth be corrected from January 16, 1897 to January 16, 1896; that the first name of the applicant, to-wit, Clarence Arthur be recorded; and that the maiden name of the mother be corrected to Fannie H. Thompson from Farina Shuler as now appears of record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Joseph Turney Smith

Case No. A-364

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Ostrander, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Milcreek Township (City) (Village) (Township)

(c) Name of hospital or institution: None
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milcreek Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Smith (Surname) Joseph (First) Turney (Middle)

4. Date of birth 12/10/1907 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith, William (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 48 yrs.

12. Birthplace Cincinnati, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farming

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Piersol, Eliza (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Milcreek Township, Union County, O. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother before this birth: four
(a) How many other children of this mother were living? four
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Cowles
Address Ostrander, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 4, page 176 of the Birth Record of Union County, Ohio. That the name of the applicant be changed from Infant Smith to that of Joseph Turney Smith.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Joseph T. Smith *Applicant*

The State of Ohio, Franklin **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Joseph T. Smith *Applicant*

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 23 *day of* Sept. *19* 42

‡va J. O'Harra
Notary Public, Franklin County, Ohio
(Seal) (Official Title) Mycommission expires Jan. 18, 1944

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Seal) (Official Title)

The State of Ohio, Union **County, ss.**

I, Eliza Smith, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Eliza Smith

P. O. Address R.2, Ostrander, Ohio

Sworn to before me and signed in my presence this 24 *day of* Sept. *19* 42.

John W. Dailey
(Seal) P. J.
(Official Title)

The State of Ohio, Union **County, ss.**

I, Stanley P. Smith, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Stanley P. Smith

P. O. Address 1601 N.4th St. Columbus, Ohio

Sworn to before me and signed in my presence this 24th *day of* Sept. *19* 42.

John W. Dailey
(Seal) P.J.
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of thebirth record
of Joseph Turney Smith

Sept. 24 *19*42

Case No. A-364

ORDER FOR HEARING

This day Joseph TurneySmith *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Joseph Turney Smith

Probate Court, Union County, Ohio

September 24 19 42

Case No. A-364

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Joseph Turney Smith *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Milcreek Township (City) (Village) (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milcreek Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Smith (Surname) Joseph (First) Turney (Middle)

4. Date of birth 12/10/1907 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith, William (Surname) (First) (Middle)

10. Color or race white — 11. Age at time of this birth 48 yrs.

12. Birthplace Cincinnati, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farming

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Piersol, Eliza (Surname) (First) (Middle)

16. Color or race white — 17. Age at time of this birth 33 yrs.

18. Birthplace Mildreek Township, Union County, O. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother: four

(a) How many other children of this mother are now living? four

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Cowles

Address Ostrander, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name of the applicant be changed from Infant Smith to that of Joseph Turney Smith.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ — If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ — 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ — 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of birth record

of Ben Ervin Myers

Case No. A-368

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 622 E.5th St.Marysville,Ohio *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover (City) (Village) (Township)

(c) Name of hospital or institution: no

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 28 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Myers (Surname) Ben (First) Ervin (Middle)

4. Date of birth Apr.22,1880 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Myers (Surname) James (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Rittenhouse, Isabella (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Vigor

Address New Dover, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol.2,page 26,of Records of Births of Union County, Ohio. That the record of Union County, Ohio,shows the following:"Urness Myers,Apr.21,1880" and which should be corrected and read: "Ben Ervin Myers," with birth date April 22,1880. Also,mother's first name was omitted and should read "Isabella Rittenhouse."

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record as provided by law.

Ben Ervin Myers *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ben Ervin Myers *Applicant*

P. O. Address 622 E. 5th St. Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* September *19* 42.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Milo L. Myers, brother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Milo L. Myers

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* September *19*42.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Albert M. Gardner, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Albert M. Gardner

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* September *19*42.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth

of Ben Ervin Myers

September 28th *19*42

Case No. A 368

ORDER FOR HEARING

This day Ben Ervin Myers *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be forthwith had and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Ben Ervin Myers

Probate Court, Union County, Ohio

September 28th 1942

Case No. A 368

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ben Ervin Myers *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Milo L. Myers and Albert M. Gardner, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Dover (Township)

(c) Name of hospital or institution: no

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution no In this community 28 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Dover (Township)

(d) Street No. ____

3. Full name of child Myers (Surname) Ben (First) Ervin (Middle)

4. Date of birth Apr. 22, 1880 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d: ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Myers (Surname) James (First) H. (Middle)

10. Color or race white — 11. Age at time of this birth 33 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Rittenhouse, Isabella (Surname) (First) (Middle)

16. Color or race white — 17. Age at time of this birth 28 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Vigor

Address New Dover, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That, the records of Union County, Ohio, shows the following: "Urness Myers, Apr. 21, 1880" and which should be corrected and read: "Ben Ervin Myers," with birth date, April 22, 1880. Also, mother's first name was omitted and should read "Isabella Rittenhouse."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) ____ (Village) ____ (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) ____ (Village) ____ (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ — If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ — 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ — 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record *of* Guy McKinley Chappell

Case No. A-370

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* in Marion County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 41 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Union

(b) County Allen Township

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Chappell (Surname) Guy (First) McKinley (Middle)

4. Date of birth 3/12/1895 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Chappell (Surname) Charles (First) W (Middle)

10. Color or race white 11. Age at time of this birth 41 yrs.

12. Birthplace Shenango County, (City, town, or county) N. Y (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Abrams (Surname) Alice (First) W. (Middle)

16. Color or race white 17. Age at time of this birth 41 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 6

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Williams

Address North Lewisburg, Ohio

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not properly and accurately recorded in Vol. 3 page 32 of he records of Union County, in that first name of applicant should be Guy McKinley Chappell

Your applicant hereby makes application for an order of the Court, directing correction *, as provided by law.*

Guy McKinley Chappell *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Guy McKinley Chappell *Applicant*

P. O. Address Prospect, Ohio

Sworn to before me and signed in my presence this 17 *day of* September *19* 42

Clifton L. Caryl, Notary Public, Union County, O

(Official Title)

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of correction of birth record *of* Guy McKinley Chappell

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Frank W. Galloway, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Frank W. Galloway

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17 *day of* September *19* 42

Clifton L. Caryl, Notary Public

(Official Title)

The State of Ohio, Union **County, ss.**

I, Don D. Carmean, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Don D. Carmean

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17 *day of* September, *19* 42

Clifton L. Caryl, Notary Public

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Guy McKinley Chappell

September 17, 19 42

Case No. A-370

ORDER FOR HEARING

This day Guy McKinley Chappell *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take such testimony upon said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Guy McKinley Chappell

Probate Court, Union County, Ohio

September 18 19 42

Case No. A-370

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Guy McKinley Chappell *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 41 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Chappell (Surname) Guy (First) McKinley (Middle)

4. Date of birth 3/12/1895 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Chappell (Surname) Charles (First) W (Middle)

10. Color or race: white 11. Age at time of this birth: 41 yrs.

12. Birthplace: Shenango County, N. Y (City, town, or county) (State or foreign country)

13. Usual occupation: Farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Abrams (Surname) Alice (First) W (Middle)

16. Color or race: white 17. Age at time of this birth: 41 yrs.

18. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 6

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name: Dr. Williams

Address: North Lewisburg, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that first name of applicant should be "Guy" middle Name McKinley and last name spelled "Chappell

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Oliver Columbus Brooks

Case No. A-371

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Summit County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) York (Village) (Township)

(c) Name of hospital or institution: ____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 42 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) York (Village) (Township)

(d) Street No. ____

3. Full name of child Brooks (Surname) Oliver (First) Columbus (Middle)

4. Date of birth Sept. 2nd. 1907 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Brooks (Surname) Eddie (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Stalder (Surname) Josie (First) B. (Middle)

16. Color or race white 17. Age at time of this birth 42 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address York Center, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is incorrectly recorded

Your applicant hereby makes application for an order of the Court, directing correction of record *, as provided by law.*

Oliver Columbus Brooks *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Oliver Columbus Brooks *Applicant*

P. O. Address 1093 S. Main St. Akron, Ohio

Sworn to before me and signed in my presence this 19 *day of* September *19* 42.

Clifton L. Caryl
Notary Public (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Eddie J. Brooks, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Eddie Jay Brooks

P. O. Address Peoria, Ohio RFD#1

Sworn to before me and signed in my presence this 19 *day of* September *19* 42.

Clifton L. Caryl
Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Albert Brown, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Albert Brown

P. O. Address Peoria, Ohio RFD#1

Sworn to before me and signed in my presence this 19 *day of* September *19* 42.

Clifton L. Caryl
Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of Birth Record
of Oliver Columbus Brooks

September 19 *19* 42

Case No. A-371 ✓

ORDER FOR HEARING

This day Oliver Columbus Brooks *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

Probate Court, Union County, Ohio

In the Matter of the CORRECTION OF BIRTH RECORD

Of Oliver Columbus Brooks

Sept. 19 19 42

Case No. A-371

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Oliver Columbus Brooks *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union Co. Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) York (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 42 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) York (Village) (Township)

(d) Street No. ____

3. Full name of child Brooks (Surname) Oliver (First) Columbus (Middle)

4. Date of birth Sept. 2, 1907 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? yes

FATHER OF CHILD

9. Full name Brooks (Surname) Eddie (First) Jay (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Union County, Ohio (City, town, or county) ____ (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Stalder, Josie (Surname) B. (First) (Middle)

16. Color or race white 17. Age at time of this birth 42 yrs.

18. Birthplace Union County, Ohio (City, town, or county) ____ (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address York Center, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

that the name of the applicant be corrected from Oliver S. Brooks as now appears of record in Vol. 4. page 6, of the records of Union County, Ohio, to Oliver Columbus Brooks.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the birth record

of Joy Juanita Miller

Case No. A-385

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 20 years. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. Magnetic Springs, R.F.D.

3. Full name of child: Miller (Surname) Joy (First) Juanita (Middle)

4. Date of birth June 24, 1906 (Month) (Day) (Year)

5. Sex: F.

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Miller (Surname) O. (First) J. (Middle)

10. Color or race: white 11. Age at time of this birth: 22 yrs.

12. Birthplace: Leesburg Township, (City, town, or county) Union Co. O. (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farmer

MOTHER OF CHILD

15. Full maiden name: Darling, (Surname) Nora (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 20 yrs.

18. Birthplace: Leesburg Township, (City, town, or county) Union Co. O. (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: housewife

21. Children born to this mother before this birth: none

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. J. F. Conrad

Address Magnetic Springs, Ohio.

M. D., midwife, or other

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Volume 3, page 226 of the birth records of Union County, Ohio. That applicant's name in full is recorded as Joy W. Miller, while her correct name is Joy Juanita Miller.

Your applicant hereby makes application for an order of the Court, directing the correction of her birth record *as provided by law.*

Applicant Joy Juanita Miller

The State of Ohio, Union County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Joy Juanita Miller *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 15th *day of* September *19*42.

F. LeRoy Allen

(Seal) Notary Public for the State of Ohio. My commission expires Feb. 6, 1945 (Official Title)

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of correction of the birth record

of Joy Juanita Miller

The State of Ohio, Union County, ss.

I, Dr. J. F. Conrad, *do hereby certify that I was the physician in attendance at the birth of* Joy Juanita Miller, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

J. F. Conrad, M. D. *Attending Physician*

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 2nd *day of* October *19*42.

F. LeRoy Allen

(Seal) Notary Public (Official Title)

The State of Ohio, Union County, ss.

I, O. J. Miller, father of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

O. J. Miller

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 2nd *day of* October *19* 42

F. LeRoy Allen

(Seal) Notary Public (Official Title)

The State of Ohio, Union County, ss.

I, Nora Miller, mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nora Miller

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 2nd *day of* October *19*42.

F. LeRoy Allen

(Seal) Notary Public (Official Title)

ORDER FOR HEARING

Probate Court, Union County, Ohio

October 2 *1942*

In the Matter of the correction of birth record

of Joy Juanita Miller

Case No. A-385

This day Joy Juanita Miller *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Joy Juanita Miller

Probate Court, Union County, Ohio

October 2 19 42

Case No. A-385

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Joy Juanita Miller *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of the physician in attendance and the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Leesburg
(City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Leesburg
(City) (Village) (Township)

(d) Street No. Magnetic Springs, R.F.D.

3. Full name of child Miller (Surname) Joy (First) Juanita (Middle)

4. Date of birth June 24, 1906 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Miller (Surname) O. (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Leesburg Township, (City, town, or county) Union Co. O. (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Darling (Surname) Nora (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Leesburg Township, (City, town, or county) Union Co. Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother: none

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. J. F. Conrad

Address Magnetic Springs, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name ofJoy W. Miller be changed to Joy Juanita Miller.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ——— County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ———

19 ———

Case No. ———

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ——— *for an order of The Court directing the registration of* ——— *birth.*

———, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ———; *that notice of the hearing on said application has been* ———; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) ——— (City) (Village) (Township)

(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) ——— (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Ivan Emil Grummons

Case No. A-389

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Fort Wayne, Indiana *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Village of Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 37 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Village of Marysville (City) (Village) (Township)

(d) Street No.

3. Full name of child Grummons (Surname) Emil (First) Ivan (Middle)

4. Date of birth Mar. 17, 1885 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Grummons, Isaac Jackson (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 57 yrs.

12. Birthplace Ross County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name McNeal, Irena (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? three

(b) How many other children were born alive but were then dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. James M. Southard

Address Marysville, Ohio

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol 2, page 78, of the birth records of Union County, Ohio, in that neither his first nor middle name is therein given, the name given being "Baby" Grummons.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Emil Ivan Grummons *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Emil Ivan Grummons *Applicant*

P. O. Address Fort Wayne, Indiana

Sworn to before me and signed in my presence this 8th *day of* October *19* 42

Wm. R. Cameron

(Seal) Notary Public in and for Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Rosa L. Cross, half-sister of the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Rosa L. Cross

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* October *19* 42.

Wm. R. Cameron

(Seal) Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, Lou. W. Hazen, not related to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lou. W. Hazen

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* October *19* 42.

Wm. R. Cameron

(Seal) Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Emil Ivan Grummons

October 8th *19* 42

Case No. A-389

ORDER FOR HEARING

This day Emil Ivan Grummons *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said application be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

Probate Court, Union County, Ohio

In the Matter of the CORRECTION OF BIRTH RECORD

October 8th 19 42

Case No. A-389

Of Emil Ivan Grummons

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Emil Ivan Grummons *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio, in Volume 2, page 78, of the birth records of said office. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Rosa L. Cross and Lou. W. Hazen, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Village of Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 37 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Village of Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Grummons (Surname) Emil (First) Ivan (Middle)

4. Date of birth: Mar. 17, 1885 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Grummons, (Surname) Isaac (First) Jackson (Middle)

10. Color or race: white 11. Age at time of this birth: 57 yrs.

12. Birthplace: Ross County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: carpenter

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: McNeal, (Surname) Irena (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 37 yrs.

18. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? three
(b) How many other children were born alive but are now dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. James M. Southard
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the first and middle names of the applicant be given, in order that his full name of Emil Ivan Grummons may appear of record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

19 ____

Case No. ____

of ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____

22. Attending Physician or Midwife
Name ____
Address ____
M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Donovan Curtis Laird

Case No. A-396

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route 1, Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution: At home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 23 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Laird (Surname) Donovan (First) Curtis (Middle)

4. Date of birth May 3, 1904 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Laird (Surname) Clarence (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Leesburg Twp., Union Co., O. (City, town, or county) (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Mulvaine, Maude (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, Leesburg Twp. O. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Bonner, now deceased

Address Broadway, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Donovan Curtis Laird *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Donovan Curtis Laird *Applicant*

P. O. Address R. # 1, Marysville, Ohio

Sworn to before me and signed in my presence this 19 *day of* October *19* 42.

Betty Geer

(Seal) Deputy

(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Clarence Laird, his father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clarence Laird

P. O. Address R. # 2, Richwood, Ohio

Sworn to before me and signed in my presence this 19 *day of* October *19* 42.

Betty Geer

(Seal) Deputy Clerk

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ray Laird, his uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ray T. Laird

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19 *day of* October *19* 42.

Betty Geer

(Seal) Deputy Clerk

(Official Title)

Probate Court, Union **County, Ohio**

October 19 *19* 42

In the Matter of the registration of the birth

of Donovan Curtis Laird

Case No. A-396

ORDER FOR HEARING

This day Donovan Curtis Laird *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

October 19 *19* 42

Case No. A-396

of Donovan Curtis Laird

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Donovan Curtis Laird

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Clarence Laird, his father, and Ray Laird, his uncle, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution:

At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 23 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Laird (Surname) Donovan (First) Curtis (Middle)

4. Date of birth May 3, 1904 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Laird (Surname) Clarence (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Mulvaine, Maude (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Bonner (now deceased)

Address Broadway, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Merle McKendry Mather

Case No. A-397

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Upper Sandusky, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson
(City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 26 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Mather (Surname) Merle (First) McKendry (Middle)

4. Date of birth Oct. 3, 1883 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Mather, (Surname) Milton (First) McKendry (Middle)

10. Color or race: white 11. Age at time of this birth: 31 yrs.

12. Birthplace: Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farmer

MOTHER OF CHILD

15. Full maiden name: Parish (Surname) Amanda (First) Jane (Middle)

16. Color or race: white 17. Age at time of this birth: 26 yrs.

18. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: housewife

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name: Dr. S. E. Williams (deceased)
Address: Essex, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Merle McKendry Mather *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Merle McKendry Mather *Applicant*

P. O. Address Upper Sandusky, R. F. D. 5, Ohio

Sworn to before me and signed in my presence this 14th *day of* October *19*42.

Robert F. Allen

(Seal)

Notary Public for Union County.
(Official Title) My commission expires April 7, 1943

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Loulie F. Cox, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Loulie F. Cox

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 14th *day of* October *19*42.

John W. Dailey
Probate Judge
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, W. R. Bainbridge, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

W. R. Bainbridge

P. O. Address Marysville, Ohio, R.F.D. 3

Sworn to before me and signed in my presence this 14th *day of* October *19*42.

John W. Dailey
Probate Judge
(Official Title)

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Merle McKendry Mather

October 14 *19*42

Case No. A-397

ORDER FOR HEARING

This day Merle McKendry Mather *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Merle McKendry Mather

Probate Court, Union **County, Ohio**

October 14 *19*42

Case No. A-397

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Merle McKendry Mather

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony and affidavits of two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution: at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 26 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Mather (Surname) Merle (First) McKendry (Middle)

4. Date of birth Oct. 3, 1883 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mather, (Surname) Milton (First) McKendry (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Parish (Surname) Amanda (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. S. E. Williams (deceased)

Address Essex, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Ethel Viola La Dow

Case No. A-398

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Seal Beach, California *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. ____

3. Full name of child LaDow (Surname) Ethel (First) Viola (Middle)

4. Date of birth May 11, 1890 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name LaDow (Surname) James (First) Edward (Middle)

10. Color or race white 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) Ohio (State or foreign country)

13. Usual occupation ____

14. Industry or business saw mill

MOTHER OF CHILD

15. Full maiden name Pierce, Jessie (Surname) Florence (First) (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Wyandot Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

22. Attending Physician or Midwife:

Name Dr. D. H. Pierce

Address Claibourne, Ohio

M. D., midwife, or other ____

21. Children born to this mother before this birth: none

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been accurately recorded in Vol. 3, page 120.

Your applicant hereby makes application for an order of the Court, directing correction *, as provided by law.*

Ethel Viola LaDow Wilson *Applicant*

The State of Ohio, California, San Bernandino **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Ethel Viola LaDow Wilson *Applicant*

P. O. Address Box 564, Seal Beach, California

Sworn to before me and signed in my presence this 30 *day of* October *19* 42.

G. B. Harding

(Seal) Notary Public (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, California, San Bernandino **County, ss.**

I, Jessie Pierce McKinnie, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jessie Pierce McKinnie

P. O. Address Ontaria, Calif.

Sworn to before me and signed in my presence this 30 *day of* October *19* 42.

G. B. Harding

(Seal) Notary Public (Official Title)

The State of Ohio, California, San Bernandino **County, ss.**

I, Mayard R. McKinnie, step-father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mayard R. McKinnie

P. O. Address Ontario, Calif.

Sworn to before me and signed in my presence this 30 *day of* October *19* 42.

G. B. Harding

(Seal) Notary Public (Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Ethel Viola LaDow

November 5 *19* 42

Case No. A-398 ✓

ORDER FOR HEARING

This day Ethel Viola LaDow *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Ethel Viola LaDow

Probate Court, Union County, Ohio

November 5 1942

Case No. A-398

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ethel Viola LaDow Wilson *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court of Union County, Volume 3, page 120. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Ohio

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: LaDow (Surname) Ethel (First) Viola (Middle)

4. Date of birth May 11, 1890 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: LaDow (Surname) James (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) Ohio (State or foreign country)

13. Usual occupation ____

14. Industry or business saw mill

MOTHER OF CHILD

15. Full maiden name: Pierce (Surname) Jessie (First) Florence (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Wyandot Co., (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Hous

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. D. H. Pierce

Address Claibourne, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the given name of Ethel Viola be added to said record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the Birth
of Thomas Guy Fisher

Case No. A-400

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Clark County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Richwood (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 31 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Richwood (City) (Village) (Township)
(d) Street No.

3. Full name of child Fisher (Surname) Thomas (First) Guy (Middle)

4. Date of birth June 9, 1889 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fisher (Surname) Thomas (First) Butterfield (Middle)
10. Color or race white 11. Age at time of this birth 39 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation carpenter
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Parish, (Surname) Josephine (First) (Middle)
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 3
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Hall
Address Richwood, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Thomas Guy Fisher *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Thomas Guy Fisher *Applicant*
P. O. Address 2111 Maiden Lane, Springfield, Ohio

Sworn to before me and signed in my presence this 17 *day of* October *19* 42.

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, J. O. Wynn, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. O. Wynn
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 17 *day of* October *19* 42.

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Elsie Wynn, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary Elsie Wynn
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 17 *day of* October *19*42.

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Thomas Guy Fisher

October 17 *19*42

Case No. A-400

ORDER FOR HEARING

This day Thomas Guy Fisher *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court,_____County, Ohio

_____19____

*Case No.*_____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

*This day this cause came on to be heard on the application of*_____

*for an order of The Court correcting*_____*birth record, as it is registered in the office of*_____

_____*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*_____

_____;

*that notice of the hearing on said application has been*_____*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution_____ In this community_____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____
Surname First Middle

4. Date of birth_____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Thomas Guy Fisher

Probate Court, Union County, Ohio

October 17 *19* 42

Case No. A-400

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Thomas Guy Fisher

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the tetimony of J. O. Wynn and Mary Elsie Wynn, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution_____ In this community 31 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Fisher Thomas Guy
Surname First Middle

4. Date of birth June 9, 1889
(Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fisher Thomas Butterfield
Surname First Middle

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Parish, Josephine
Surname First Middle

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Union County Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 3

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Hall

Address Richwood, Ohio

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the Birth *of* Vashti Lillian Fisher

Case No. A-401

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Clark County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 35 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Fisher (Surname) Vashti (First) Lillian (Middle)

4. Date of birth Oct. 21, 1893 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fisher (Surname) Thomas (First) Butterfield (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Parish (Surname) Josephine (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 5

(b) How many other children were born alive but were then dead? 3

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Hall

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Vashti Lillian Fisher *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Vashti Lillian Fisher *Applicant*

P. O. Address 2135 Harshman Blvd. Springfield, Ohio

Sworn to before me and signed in my presence this 17 *day of* October *19*42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____ *of* ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, J. O. Wynn, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. O. Wynn

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 17 *day of* October *19*42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Elsie Wynn, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary Elsie Wynn

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 17 *day of* October *19*42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth *of* Vashti Lillian Fisher

October 17 *19*42

Case No. A-401

ORDER FOR HEARING

This day Vashti Lillian Fisher *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Vashti Lillian Fisher

Probate Court, Union **County, Ohio**

October 17 1942

Case No. A-401

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Vashti Lillian Fisher

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of J. O. Wynn and Mary Elsie Wynn, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 35 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Fisher (Surname) Vashti (First) Lillian (Middle)

4. Date of birth Oct. 21, 1893 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fisher (Surname) Thomas (First) Butterfield (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Parish (Surname) Josephine (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? 3

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Hall

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the Birth of Luella Abigail Fisher

Case No. A-402

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Clark County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 40 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No.

3. Full name of child Fisher (Surname) Luella (First) Abigail (Middle)

4. Date of birth Oct. 28, 1898 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fisher (Surname) Thomas (First) Butterfield (Middle)

10. Color or race white 11. Age at time of this birth 48 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Parish, (Surname) Josephine (First) (Middle)

16. Color or race white 17. Age at time of this birth 40 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 6

(b) How many other children were born alive but were then dead? 3

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Hall

Address Richwood, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Luella Abigail Fisher *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Luella Abigail Fisher *Applicant*

P. O. Address 2135 Harshman Blvd. Springfield, Ohio

Sworn to before me and signed in my presence this 17 *day of* October *19* 42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Elsie Wynn, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary Elsie Wynn

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 17 *day of* October *19*42.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, J. O. Wynn, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. O. Wynn

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 17 *day of* October *19* 42

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Luella Abigail Fisher

October 17 *19* 42

Case No. A-402

ORDER FOR HEARING

This day Luella Abigail Fisher *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Luella Abigail Fisher

Probate Court, Union County, Ohio

October 17 1942

Case No. A-402

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Luella Abigail Fisher

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of J. O. Wynn and Mary Elsie Wynn, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 40 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Fisher (Surname) Luella (First) Abigail (Middle)

4. Date of birth Oct. 28, 1898 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fisher (Surname) Thomas (First) Butterfield (Middle)

10. Color or race white 11. Age at time of this birth 48 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Parish, Josephine (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 40 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 6

(b) How many other children were born alive but are now dead? 3

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Hall

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Joseph Sherman

Case No. A-403

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Sheboygan, Wisconsin *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Sherman (Surname) Joseph (First) ____ (Middle)

4. Date of birth Sept. 11, 1898 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sherman (Surname) Solomon (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace ____ (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Bryson (Surname) Laura (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name ____

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Joseph Sherman *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Joseph Sherman *Applicant*

P. O. Address P.O.Box 403, Sheboygan Falls, Wisconsin

Sworn to before me and signed in my presence this 19 *day of* October *19*42.

Mildred L. Fladt

(Seal) Mildred L.Fladt, Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lida Smith, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Lida Smith

P. O. Address ____

Sworn to before me and signed in my presence this 20th *day of* October *19*42.

John W. Dailey

(Seal) Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Laura Wilson, mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Laura (her mark) Wilson

P. O. Address ____

Sworn to before me and signed in my presence this 20th *day of* October *19*42.

John W. Dailey

Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Joseph Sherman

October 20 *19* 42

Case No. A-403

ORDER FOR HEARING

This day Joseph Sherman *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ 19____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Joseph Sherman

Probate Court, Union County, Ohio

October 20 19 42

Case No. A-403

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Joseph Sherman

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Lida Smith, and Laura Wilson, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Sherman (Surname) Joseph (First) _____ (Middle)

4. Date of birth 9/11/1898 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sherman (Surname) Solomon (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace _____ (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Bryson (Surname) Laura (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of William Dwight Goff

Case No. A-404

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Taylor Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 13 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Taylor Township (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Goff (Surname) William (First) Dwight (Middle)

4. Date of birth June 23, 1907 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Goff (Surname) William (First) Welcome (Middle)
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Blue (Surname) Ada (First) ____ (Middle)
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. D. J. Jenkins
Address Broadway, Ohio
____
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

William Dwight Goff *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Dwight Goff *Applicant*

P. O. Address RFD # 1, Peoria, Ohio

Sworn to before me and signed in my presence this 21 *day of* October *19* 42.

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Seal) (Official Title)

The State of Ohio, Union **County, ss.**

I, Ada Goff, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ada Goff

P. O. Address RFD # 1, Peoria, Ohio

Sworn to before me and signed in my presence this 21 *day of* October *19* 42.

Carrie W. Hornbeck
(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, W. W. Goff, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

William Welcome Goff

P. O. Address RFD # 1, Peoria, Ohio

Sworn to before me and signed in my presence this 21 *day of* October *19* 42

Carrie W. Hornbeck
(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of William Dwight Goff

October 21st *19* 42

Case No. A-404

ORDER FOR HEARING

This day William Dwight Goff *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of William Dwight Goff

Probate Court, Union **County, Ohio**

October 2 *1942*

Case No. A-404

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Dwight Goff

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Ada Goff, his mother, and W. W. Goff, his father, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor Township
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 13 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor Township
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Goff William Dwight
Surname First Middle

4. Date of birth June 23, 1907
(Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Goff William Welcome
Surname First Middle

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Union County Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Blue Ada
Surname First Middle

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. D. J. Jenkins

Address Broadway, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Kelvin Adolphus Payne

Case No. A-405

APPLICATION

Your applicant respectfully represents that he *was born in* Lawrence *County, Ohio; that* he *now resides in* Taylor Township, Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Lawrence
(b) Windsor Township (City) (Village) (Township)
(c) Name of hospital or institution: None
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Lawrence
(c) Windsor Township (City) (Village) (Township)
(d) Street No. None

3. Full name of child Payne (Surname) Kelvin (First) Adolphus (Middle)

4. Date of birth 6/28/1908 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Payne (Surname) Albert (First) Adolphus (Middle)
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Lawrence County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Morrison, (Surname) Lona (First) A. (Middle)
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Lawrence County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business housewife

21. Children born to this mother before this birth: six
(a) How many other children of this mother were living? six
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Charles T. Gerlach (deceased)
Address ____
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Kelvin Adolphus Payne *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Kelvin Adolphus Payne *Applicant*

P. O. Address R.F.D. # 1, Marysville, Ohio

Sworn to before me and signed in my presence this 22nd *day of* October *19* 42.

William J. Porter
(Seal) Notary Public, State of Ohio
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Albert Adolphus Payne, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Albert Adolphus Payne

P. O. Address RFD # 1, Radnor, Ohio

Sworn to before me and signed in my presence this 22nd *day of* October *19* 42.

Carrie W. Hornbeck
(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Virgil E. Payne, brother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Virgil E. Payne

P. O. Address RFD # 1, Radnor, Ohio

Sworn to before me and signed in my presence this 22nd *day of* October *19* 42.

Carrie W. Hornbeck
(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Kelvin Adolphus Payne

October 22 1942

Case No. A-405 ✓

ORDER FOR HEARING

This day Kelvin Adolphus Payne *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ 19___

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Kelvin Adolphus Payne

Probate Court, Union County, Ohio

October 22 19 42

Case No. A-405

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Kelvin Adolphus Payne

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Albert Adolphus Payne and Virgil E. Payne, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Lawrence

(b) Windsor Township (City) (Village) (Township)

(c) Name of hospital or institution:

None (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Lawrence

(c) Windsor Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Payne (Surname) Kelvin (First) Adolphus (Middle)

4. Date of birth 6/28/1908 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Payne (Surname) Albert (First) Adolphus (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Lawrence County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Morrison (Surname) Lona (First) A. (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Lawrence County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother: six

(a) How many other children of this mother are now living? six

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Charles T. Gerlach (deceased)

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Walter Jacob Adam Kreakbaum

Case No. A-406

APPLICATION

Your applicant respectfully represents that _____ *was born in* _____ *County, Ohio; that* _____ *now resides in* _____; *and that the following are the available facts with relation to* _____ *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? _____

(b) How many other children were born alive but were then dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of _____ *birth* _____

Your applicant hereby makes application for an order of the Court, directing _____, *as provided by law.*

_____ *Applicant*

The State of Ohio, _____ **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as _____ *verily believes.*

_____ *Applicant*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

Probate Court, _____ **County, Ohio**

In the Matter of the _____

of _____

_____ *19____*

Case No. 454

ORDER FOR HEARING

This day _____ *appeared in open court and filed an application for the* _____.

It is ordered that hearing on said application _____

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ _____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, _____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of _____

_____ *19*____

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____

for an order of The Court directing the registration of _____ *birth.*

_____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* _____

_____; *that notice of the hearing on said application has been* _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of William Jackson

Case No. A-407

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Liberty Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Liberty Township (City) (Village) (Township)
(d) Street No.

3. Full name of child Jackson (Surname) William (First) (Middle)
4. Date of birth June 1, 1887 (Month) (Day) (Year)
5. Sex M.
6. Twin or triplet twin If so—born 1st, 2d, or 3d unknown
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD

9. Full name Jackson (Surname) Butler (First) F. (Middle)
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Smith, Elizabeth (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Jay County (City, town, or county) Indiana (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Wright
Address Raymond, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

William Jackson *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Jackson *Applicant*
P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 31 *day of* October *19* 42.

(Seal)

Clifton L. Caryl
Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lucy Disbennett, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lucy Disbennett
P. O. Address RFD # 1, Marysville, O.

Sworn to before me and signed in my presence this 31 *day of* October *19*42.

Carrie W. Hornbeck
Deputy (Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Butler F. Jackson, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Butler F. Jackson
P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 31 *day of* October *19*42.

Carrie W. Hornbeck
Deputy (Official Title)

(seal)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of William Jackson

October 31 *19*42

Case No. A-407 ✓

ORDER FOR HEARING

This day William Jackson *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, Union **County, Ohio**

_____ *19*____

*Case No.*_____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

October 31 1942

Case No. A-407

of William Jackson

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Jackson

for an order of The Court directing the registration of his birth.

The Court; *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Lucy Disbennett, his aunt, and Butler F. Jackson, his father, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Liberty Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Jackson (Surname) William (First) _____ (Middle)

4. Date of birth June 1, 1887 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet twin If so—born 1st, 2d, or 3d unknown

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Jackson (Surname) Butler (First) F. (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Smith (Surname) Elizabeth (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Jay County (City, town, or county) Indiana (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Wright

Address Raymond, Ohio

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Ralph Emerson Horton

Case No. A-408

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Mansfield, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Jackson (Village) (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 35 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Jackson (Village) (Township)

(d) Street No. ____

3. Full name of child Horton (Surname) Ralph (First) Emerson (Middle)

4. Date of birth Jan. 24, 1891 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Horton (Surname) Frank (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Licking Co., (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name White (Surname) Jennie (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Jackson Twp., Union Co., O. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? two

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Williams, now deceased

Address Essex, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 84 in the Record of Births of Union County, Ohio, that it was recorded as Horton (not named) and that it be changed to Ralph Emerson Horton.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Ralph Emerson Horton *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ralph Emerson Horton *Applicant*

P. O. Address 104 Glenwood Blvd. Mansfield, O.

Sworn to before me and signed in my presence this 28th *day of* October *19*42.

C. A. Hoopes

(Seal) Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Arland T. Coons, brother-in-law, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Arland T. Coons

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 28th *day of* October *19*42.

John W. Dailey

(Seal) P. J.
(Official Title)

The State of Ohio, Union **County, ss.**

I, Gail Spain, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Gail Spain

P. O. Address Ridgeway, Ohio

Sworn to before me and signed in my presence this 28th *day of* October *19*42.

John W. Dailey

(Seal) P. J.
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Ralph Emerson Horton

October 28 *19*42

Case No. A-408

ORDER FOR HEARING

This day Ralph Emerson Horton *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

Probate Court, Union County, Ohio

In the Matter of the CORRECTION OF BIRTH RECORD

October 28 19 42

Case No. A-408

Of Ralph Emerson Horton

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ralph Emerson Horton *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union County, O. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Arland T. Coons and Gail Spain, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Jackson (Village) (Township)

(c) Name of hospital or institution: At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 35 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Jackson (Village) (Township)

(d) Street No. ____

3. Full name of child: Horton (Surname) Ralph (First) Emerson (Middle)

4. Date of birth Jan. 24, 1891 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Horton (Surname) Frank (First) (Middle)

10. Color or race: white 11. Age at time of this birth: 38 yrs.

12. Birthplace: Licking County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: White (Surname) Jennie (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 35 yrs.

18. Birthplace: Jackson Twp., Union Co., O. (City, town, or county) (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name: Dr. Williams, now deceased

Address: Essex, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that it be changed from Horton (not named) to Ralph Emerson Horton.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

____ 19 ____

Case No. ____

of ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Mary Louise Housman

Case No. A-409

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Union County; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, Ohio
(City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community 30 days.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child Housman (Surname) Mary (First) Louise (Middle)

4. Date of birth 3-29-1919 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Housman (Surname) Grover (First) Fay (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Zurcher (Surname) Reva (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Peoria, Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Charles Thompson
Address Raymond, Ohio
_____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth, *as provided by law.*

Mary Louise Housman *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Mary Louise Housman *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* November *19*42.

E. H. Hatton

(Seal) Notary Public
(Official Title)

AFFIDAVIT

Probate Court, _____ County, Ohio

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Grover Fay Housman, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Grover Fay Housman

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 6th *day of* November *19*42.

E. H. Hatton

(Seal) Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Marietta Housman, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Marietta Housman

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* November *19*42

E. H. Hatton

(Seal) Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Mary Louise Housman

November 6 *19*42

Case No. A-409 ✓

ORDER FOR HEARING

This day Mary Louise Housman *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Mary Louise Housman

Probate Court, Union **County, Ohio**

November 6 1912

Case No. A-409

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Louise Housman

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Grover Fay Housman and Marietta Housman, two credible witnessés; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 30 days. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Housman (Surname) Mary (First) Louise (Middle)

4. Date of birth March 29, 1919 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Housman (Surname) Grover (First) Fay (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Zurcher, Reva (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Peoria, Union Co., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Charles Thompson

Address Raymond, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Florence Viola Paugh

Case No. A-410

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Union Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 28 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Union Township
(City) (Village) (Township)

(d) Street No.

3. Full name of child Paugh (Surname) Florence (First) Viola (Middle)

4. Date of birth April 11, 1905 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Paugh (Surname) Christopher (First) (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Davis (Surname) Etta (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. B. E. Baker
Address Milford Center, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Florence Viola Paugh *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Florence Viola Paugh *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 23rd *day of* November *19* 42.

Mildred L. Fladt

(Seal)

Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Christopher Paugh, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Christopher Paugh

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 23 *day of* November *19* 42

Carrie W. Hornbeck

(Seal)

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Etta Elizabeth Paugh, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Etta Elizabeth Paugh

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 23 *day of* November *19* 42.

Carrie W. Hornbeck

(Seal)

Deputy
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Florence Viola Paugh

November 23 *19* 42

Case No. A-410

ORDER FOR HEARING

This day Florence Viola Paugh *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Florence Viola Paugh

Probate Court, Union County, Ohio

November 23 *19* 42

Case No. A-410

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Florence Viola Paugh

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Christopher Paugh and Etta Elizabeth Paugh, her father and mother; *that notice of the hearing on said application has been* dispensed with.; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Union Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 28 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Union Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Paugh (Surname) Florence (First) Viola (Middle)

4. Date of birth April 11, 1905 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Paugh (Surname) Christopher (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Davis (Surname) Etta (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. B. E. Baker

Address Milford Center, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Basil Ver Durflinger

Case No. A-411

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* North Bend, Oregon *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union Co., Ohio

(b) Byhalia (City) Washington Township (Village) (Township)

(c) Name of hospital or institution:
at home on farm
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 25 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Township (City) (Village) (Township)

(d) Street No. farm

3. Full name of child Durflinger (Surname) Basil (First) Ver (Middle)

4. Date of birth Jan. 4, 1895 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Durflinger (Surname) Alexander (First) (Middle)

10. Color or race white — 11. Age at time of this birth 39 yrs.

12. Birthplace Union Co., (City, town, or county) Ohio (State or foreign country)

13. Usual occupation blacksmith

14. Industry or business blacksmith & harness shop

MOTHER OF CHILD

15. Full maiden name Wright, (Surname) Minnie (First) May (Middle)

16. Color or race white — 17. Age at time of this birth 26 yrs.

18. Birthplace Marion Co., (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. George Miller

Address Byhalia, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 48, of the Birth Records of Union County, Ohio. The given name of Bessie is wrong and the sex "female" is wrong.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Basil Ver Durflinger *Applicant*

The State of ~~Ohio~~, Oregon, Coos **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Basil Ver Durflinger *Applicant*

P. O. Address North Bend, Oregon

Sworn to before me and signed in my presence this 19th *day of* October *19* 42.

John G. Mullen

(Seal) Notary Public for Oregon, My commission expires Oct. 30, 1944 (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of ~~Ohio~~, Oregon, Lane **County, ss.**

I, Mrs. A. Durflinger, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. A. Durflinger

P. O. Address Eugene, Oregon

Sworn to before me and signed in my presence this 17th *day of* October *19* 42.

Harold J. Wells

(Seal) Notary Public for Oregon My commission expires Aug. 25, 1944 (Official Title)

The State of ~~Ohio~~, Oregon, Lane **County, ss.**

I, E. Durflinger, brother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

E. Durflinger

P. O. Address Eugene, Oregon

Sworn to before me and signed in my presence this 17th *day of* October *19* 42.

Harold J. Wells

(Seal) Notary Public for Oregon. My comm. expires Aug. 25, 1944 (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Basil Ver Durflinger

November 5 *19* 42

Case No. A-411

ORDER FOR HEARING

This day Basil Ver Durflinger *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Basil Ver Durflinger

Probate Court, Union County, Ohio

November 5 19 42

Case No. A-411

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Basil Ver Durflinger *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union County, Volume 3, page 48. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Byhalia, Washington Township (City) (Village) (Township)

(c) Name of hospital or institution: at home on farm (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 25 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Township (City) (Village) (Township)

(d) Street No. farm

3. Full name of child Durflinger (Surname) Basil (First) Ver (Middle)

4. Date of birth Jan. 4, 1895 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Durflinger (Surname) Alexander (First) (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Union Co., (City, town, or county) Ohio (State or foreign country)

13. Usual occupation blacksmith

14. Industry or business blacksmith & harness shop

MOTHER OF CHILD

15. Full maiden name Wright (Surname) Minnie (First) May (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Marion Co., (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business "

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. George Miller

Address Byhalia, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the given name be corrected from "Bessie" to Basil Ver, and that the sex be corrected from Female to Male.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of

19

Case No.

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by ; that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution: (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth

of Hazel Hoffman Holt

Case No. A-415

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson Township (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Holt (Surname) Hazel (First) Hoffman (Middle)

4. Date of birth: May 27, 1912 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Holt (Surname) Frank (First) M. (Middle)

10. Color or race: white 11. Age at time of this birth: 30 yrs.

12. Birthplace: Marion (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farming

MOTHER OF CHILD

15. Full maiden name: Hoffman (Surname) Ada (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 27 yrs.

18. Birthplace: Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: none

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name: Dr. R. P. Hall

Address: Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Hazel Hoffman Griffith *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Hazel Hoffman Griffith *Applicant*

P. O. Address Richwood, Ohio, R. # 3

Sworn to before me and signed in my presence this 4th *day of* November *19* 42.

Richard C. Thrall

Justice of the Peace (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Etta White, not related to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Etta White

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4th *day of* November *19* 42

(Seal)

Carrie W. Hornbeck

Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Eliza Sanders, not related to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Eliza Sanders

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4th *day of* November *19* 42.

(Seal)

Carrie W. Hornbeck

Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth

of Hazel Hoffman Holt

November 4 *19*42

Case No. A-415 ✓

ORDER FOR HEARING

This day Hazel Hoffman Griffith (nee Holt) *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal)

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Hazel Hoffman Holt

Probate Court, Union **County, Ohio**

November 4 *19*42

Case No. A-415

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Hazel Hoffman Griffith (nee Holt)

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Etta White and Eliza Sanders, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ~~City~~ ~~Village~~ Jackson (Township)

(c) Name of hospital or institution:

none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ~~_____~~ In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ~~City~~ ~~Village~~ Jackson (Township)

(d) Street No. _____

3. Full name of child Holt (Surname) Hazel (First) Hoffman (Middle)

4. Date of birth May 27, 1912 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet none If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Holt (Surname) Frank (First) M. (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Marion ~~(City, town, or county)~~ Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Hoffman (Surname) Ada (First) (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Union ~~(City, town, or county)~~ Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. R. P. Hall

Address Richwood, Ohio

_____

M. D., midwife, or other M. D. Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth *of* Charles Arther Price

Case No. A-416

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 28 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Price (Surname) Charles (First) Arther (Middle)

4. Date of birth April 4, 1878 (Month) (Day) (Year)

5. Sex: M.

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Price (Surname) David (First) ____ (Middle)

10. Color or race: white 11. Age at time of this birth: 33 yrs.

12. Birthplace: Marion (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farmer

MOTHER OF CHILD

15. Full maiden name: Price (Surname) Mary (First) Elizabeth (Middle)

16. Color or race: white 17. Age at time of this birth: 28 yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation: Housewife

20. Industry or business: Housewife

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? three

(b) How many other children were born alive but were then dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name unknown

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Charles Arther Price *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles Arther Price *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 6th *day of* November *19*42.

(Seal) F. LeRoy Allen

F. LeRoy Allen, Notary Public, for the State of Ohio, My commission expires Feb. 6, 1945 (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____ *of* ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, W. A. Godfrey, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

W. A. Godfrey

P. O. Address ____

Sworn to before me and signed in my presence this 9th *day of* November *19*42

Betty Geer

(Seal) Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Fanny J. Stoddard, cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Fanny J. Stoddard

P. O. Address ____

Sworn to before me and signed in my presence this 9th *day of* November *19*42.

Betty Geer

(Seal) Deputy Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth *of* Charles Arther Price

November 9 *19*42

Case No. A-416

ORDER FOR HEARING

This day Charles Arther Price *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Charles Arther Price

Probate Court, Union County, Ohio

November 9 *19*42

Case No. A-416

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Arther Price

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of W. A. Godfrey and Fanny J. Stoddard, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution: at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution 28 yrs. In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No.

3. Full name of child Price (Surname) Charles (First) Arther (Middle)

4. Date of birth April 4, 1878 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Price (Surname) David (First) (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Marion (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Price, (Surname) Mary (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother:

(a) How many other children of this mother are now living? three

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name unknown

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Leon J. Fisher

Case No. A-417

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Franklin County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— (City) (Village) Washington Twp (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community 22 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— (City) (Village) Washington Twp (Township)

(d) Street No. ———

3. Full name of child Fisher (Surname) Leon J. (First) (Middle)

4. Date of birth May 5, 1904 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fisher (Surname) Leon (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Union county, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farming

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Fish (Surname) Gertrude (First) Mae (Middle)

16. Color or race White 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. George Miller

Address Mt. Victory, Ohio

M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Leon J. Fisher *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Leon J. Fisher *Applicant*

P. O. Address 130 Galloway Road, Galloway, Ohio

Sworn to before me and signed in my presence this 10 *day of* November *19*42.

Clifton L. Caryl, Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ——— **County, Ohio**

In the Matter of ———
of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*—.

(Official Title)

The State of Ohio, Union **County, ss.**

I, David E. Fisher, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

David E. Fisher

P. O. Address West Mansfiedl, Ohio

Sworn to before me and signed in my presence this 10 *day of* November *19*42

Clifrom L. Caryl, Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, A. T. Coons, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

A. T. Coons

P. O. Address Westmansfield, Ohio

Sworn to before me and signed in my presence this 10 *day of* November *19*42.

Clifton L. Caryl, Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Leon J. Fisher

November 10 *19*42

Case No. A-417

ORDER FOR HEARING

This day Leon J. Fisher *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ——— be and he is hereby appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page ———

John W. Talley *Probate Judge.*

Judge
Robert F. Allen

Common Pleas Court of Union County, Ohio
Probate Division - Juvenile Division
Marysville, Ohio 43040

Deputy Clerks
Lois M. Moder
Noreen J. Garee
Nina R. Boerger
513-642-7085

Probation Officer
Mary Ann Hamilton
513-642-9986

April 15, 1975

Bureau of Statistics
3201 Alberta Street
Columbus, Ohio 43204

Dear Sir:

This is with reference to the delayed registration of the birth of Leon J. Fisher, State File No. 83143.

It was brought to our attention by Mr. Fisher that when the certificate was sent to you in 1942 several errors were made resulting in an incorrect birth record.

Enclosed please find a corrected finding and order establishing the registration of the birth of Leon J. Fisher, Social Security No. 236-34-6437. Also enclosed is a certified copy of the original application, affidavits, journal entry, and the incorrect certificate with errors circled.

Please correct the birth record of Leon J. Fisher in conformity to the original application and entry filed in this office on November 10, 1942.

Yours truly,

ROBERT F. ALLEN
PROBATE AND JUVENILE JUDGE

By: Nina R. Boerger
Deputy Clerk

Enclosures

cc: Leon J. Fisher

COPY

FINDING AND ORDER ESTABLISHING REGISTRATION OF BIRTH

STATE OF OHIO

DEPARTMENT OF HEALTH – DIVISION OF VITAL STATISTICS

83143
STATE FILE NO.

OHIO

IN THE PROBATE COURT OF Union (County) ON THE 10 DAY OF November, 1942. APPEARED Leon J. Fisher (Name of Registrant)

PRAYING THAT THE FACTS OF BIRTH BE ESTABLISHED IN ACCORDANCE WITH SECTION 3705.20 OF THE REVISED CODE.

THE COURT FINDS THAT THE FOLLOWING FACTS APPLY TO THE REGISTRANT:

CHILD

Full Name (At time of birth): Leon J. Fisher — Social Security No.: (not given)

Exact Place of Birth: Washington Township, Union County, Ohio — Date of Birth: May 5, 1904 — ☒ Male ☐ Female

FATHER

Name of Father: Orin Fisher

Age of Father (At the time of this birth): 29

Birthplace of Father: Union County, Ohio

MOTHER

Maiden Name of Mother: Gertrude Mae Fish

Age of Mother (At the time of this birth): 22

Birthplace of Mother: Union County, Ohio

The following evidence was presented before the court to support the above facts of the place and date of birth and the parentage of the registrant to wit:

DOCUMENT OR NAME OF WITNESS	DATE OF RECORD	PLACE OF BIRTH	DATE OF BIRTH	FATHER'S NAME	MOTHER'S MAIDEN NAME
David E. Fisher	11/10/42	Washington Twp. Union Co., O.	5/5/04	Orin Fisher	Gertrude Mae Fish
R. T. Coons	11/10/42	Washington Twp. Union Co., O.	5/5/04	Orin Fisher	Gertrude Mae Fish

I, Robert F. Allen, Judge and ex-officio Clerk of the Probate Court in and for Union County, Ohio, do hereby certify that the above is a true summary of the record of the finding and order of this Court in an action for the registration of the birth of Leon J. Fisher

Case No. A-417.

I do hereby transmit the within summary to the State Director of Health who shall file the same in the records of the Central Division of Vital Statistics at Columbus, Ohio, as provided by law.

In Witness whereof I have hereunto set my hand and affixed the official seal of said Court at Marysville Ohio, this 15 day of April, 1975. ROBERT F. ALLEN Probate Judge

By Nina R. Boerger Deputy Clerk

Official Form Prescribed by the Director of Health for Delayed Registration of a Birth

THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

VS 54 Rev. 5262.06

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*___

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Leon J. Fisher

Probate Court, Union County, Ohio

November 10, *1942*

Case No. A-417

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Leon J. Fisher

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of David E. Fisher, his uncle, and A. T. Coons, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Twp (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 22 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Twp (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Fisher (Surname) Leon (First) J (Middle)

4. Date of birth May 5, 1904 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fisher (Surname) Orin (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name Dr. George Miller

Address Mt. Victory, Ohio

_____

M. D., midwife, or other _____ Date signed _____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Bailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Daisy Wilhelmina Moffett

Case No. A-418

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Magnetic Springs, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (Township) (City) (Village)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 6 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (Township) (City) (Village)

(d) Street No. ____

3. Full name of child Moffett (Surname) Daisy (First) Wilhelmina (Middle)

4. Date of birth Nov. 15, 1893 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Moffett (Surname) William (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Fry (Surname) Flora (First) Alice (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace State of Missouri (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? two
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Drake, deceased
Address Magnetic Springs, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Mrs. Daisy Sullivan *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Mrs. Daisy Sullivan *Applicant*

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 20 *day of* November *19*42.

(Seal)

Carrie W. Hornbeck
Deputy
(Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

(Official Title)

The State of Ohio, Union **County, ss.**

I, William Moffett, her father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Witness: Carrie W. Hornbeck
Betty Geer

William his x mark Moffett

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 20 *day of* November *19*42.

(Seal)

Carrie W. Hornbeck
Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lucinda Hite, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lucinda Hite

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 20 *day of* November *19*42

(Seal)

Carrie W. Hornbeck
Deputy
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of the birth
of Daisy Wilhelmina Moffett

November 20 *19*42

Case No. A-418

ORDER FOR HEARING

This day Daisy Wilhelmina Moffett *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

November 20 *19* 42

Case No. A-418

of Daisy Wilhelmina Moffett

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Daisy Wilhelmina Moffett

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of William Moffett, her father, and Lucinda Hite, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg (City) (Village) (Township)

(c) Name of hospital or institution: at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 6 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Moffett (Surname) Daisy (First) Wilhelmina (Middle)

4. Date of birth Nov. 15, 1893 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Moffett (Surname) William (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Fry (Surname) Flora (First) Alice (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace State of Missouri (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Drake, deceased

Address Magnetic Springs, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth
of Mary Emma Wood

Case No. A-419

APPLICATION

Your applicant respectfully represents that she *was born in* Madison *County, Ohio; that* she *now resides in* Richwood, Ohio, Rt. # 2 *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Madison

(b) Pike
(City) (Village) (Township)

(c) Name of hospital or institution: no
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 12 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Pike
(City) (Village) (Township)

(d) Street No.

3. Full name of child Wood (Surname) Mary (First) Emma (Middle)

4. Date of birth June 14, 1912 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wood (Surname) Charles (First) Jackson (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Scioto County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Darnell (Surname) Elizabeth (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Scioto County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 6
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Burson
Address Irwin, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Mary Emma Lilley *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Mary Emma Lilley *Applicant*

P. O. Address Richwood, Ohio, # 2

Sworn to before me and signed in my presence this 13th *day of* November *19*42.

Alnet Mayer
Alnet Mayer, Notary Public
(Official Title)

(Seal)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of Ohio, Union **County, ss.**

I, C. J. Wood, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles Jackson Wood

P. O. Address Woodstock, Ohio

Sworn to before me and signed in my presence this 13th *day of* Nov. *19*42

Carrie W. Hornbeck
Deputy
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Elizabeth Wood, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Elizabeth Wood

P. O. Address Woodstock, Ohio

Sworn to before me and signed in my presence this 13th *day of* Nov. *19*42.

Carrie W. Hornbeck
Deputy
(Official Title)

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth
of Mary Emma Wood

Nov. 13 *19*42

Case No. A-419 ✓

ORDER FOR HEARING

This day Mary Emma Wood *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be forthwith had and that notice of said hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Mary Emma Wood

Probate Court, Union **County, Ohio**

November 13 *19*42

Case No. A-419

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Emma Wood

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of two credible witnesses, C. J. Wood and Elizabeth Wood; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Madison

(b) Pike (City) (Village) (Township)

(c) Name of hospital or institution:

no (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution none In this community 12 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Pike (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Wood (Surname) Mary (First) Emma (Middle)

4. Date of birth June 14, 1912 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wood (Surname) Charles (First) Jackson (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Scioto County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Darnell (Surname) Elizabeth (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Scioto County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 6

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Burson

Address Irwin, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Richard DeWitt

Case No. A-420

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor Township (City) (Village) (Township)

(d) Street No.

3. Full name of child DeWitt (Surname) Richard (First) (Middle)

4. Date of birth Jan. 24, 1907 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet none If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name DeWitt (Surname) George (First) (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Mulligan, Jennie (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 5

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Jenkins

Address Broadway, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, p. 99 of the records of birth of Union County, Ohio, in that the date of birth appears on said record as Feb. 24, 1907, when in truth and in fact it should be Jan. 24, 1907; and that the first name of applicant ~~'s father is~~ not recorded, when the name should be George DeWitt.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record as provided by law.

Richard DeWitt *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Richard DeWitt *Applicant*

P. O. Address RFD # 2, Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* November *19* 42

Mildred L. Fladt

(Seal) Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Jennie DeWitt, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jennie DeWitt

P. O. Address RFD # 2, Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* November *19* 42.

John W. Dailey

(Seal) Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, George DeWitt, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

George DeWitt

P. O. Address RFD # 2, Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* November *19* 42.

John W. Dailey

(Seal) Probate Judge (Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Richard DeWitt

November 13 *19* 42

Case No. A-420

ORDER FOR HEARING

This day Richard DeWitt *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Richard DeWitt

Probate Court, Union County, Ohio

November 13 19 42

Case No. A-420

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Richard DeWitt *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Marysville, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 2yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child DeWitt (Surname) Richard (First) ____ (Middle)

4. Date of birth Jan. 24, 1907 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name DeWitt (Surname) George (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Mulligan (Surname) Jennie (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Jenkins

Address Broadway, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the date of birth of said applicant be corrected from February 24, 1907, as now appears of record to January 24, 1907, and that the name of the father of applicant be recorded as George DeWitt.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) ____ (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, _____ County, Ohio

In the Matter of the Registration of the Birth
of John Benjamin Rosebrook

Case No. A-421

APPLICATION

Your applicant respectfully represents that HE *was born in* Logan *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Logan
(b) Middleburg (City) (Village) (Township)
(c) Name of hospital or institution: _____
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution _____ In this community 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Logan
(c) Middleburg (City) (Village) (Township)
(d) Street No. _____

3. Full name of child Rosebrook (Surname) John (First) Benjamin (Middle)

4. Date of birth Aug. 5, 1888 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rosebrook, (Surname) Mathew (First) H. (Middle)
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Johnston, Mary (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Logan County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business _____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Smith
Address East Liberty, Ohio
_____
M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

John Benjamin Rosebrook *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

John Benjamin Rosebrook *Applicant*

P. O. Address Peoria, Ohio, RFD # 1

Sworn to before me and signed in my presence this 16 *day of* November *19* 42.

Clifton L. Caryl

(Seal)

Clifton L. Caryl, Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT **Probate Court,** _____ **County, Ohio**

In the Matter of _____
of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Margaret Spain, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Margaret Spain

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17 *day of* November *19* 42.

Carrie W. Hornbeck

(Seal)

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, James C. Spain, not related, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

James C. Spain

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17 *day of* November *19* 42.

Carrie W. Hornbeck

(Seal)

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of John Benjamin Rosebrook

November 17 *19* 42

Case No. A-421 ✓

ORDER FOR HEARING

This day John Benjamin Rosebrook *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of John Benjamin Rosebrook

Probate Court, Union **County, Ohio**

November 17 19 42

Case No. A-421

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Benjamin Rosebrook

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Margaret Spain and James C. Spain, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Logan

(b) Middleburg (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Logan

(c) Middleburg (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Rosebrook (Surname) John (First) Benjamin (Middle)

4. Date of birth Aug. 5, 1888 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rosebrook (Surname) Mathew (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Johnston, Mary (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Smith

Address East Liberty, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of John Russell Hamilton

Case No. A-422

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township, Ohio
(City) (Village) (Township)

(c) Name of hospital or institution:
home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) R. F. D., Marysville, Ohio
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Hamilton (Surname) John (First) Russell (Middle)

4. Date of birth Jan. 15, 1894 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hamilton (Surname) Delmar (First) D. (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Taylor Township, Union County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business same

MOTHER OF CHILD

15. Full maiden name Draper, (Surname) Bianca (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Paris Township, Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business same

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Lutrelle Henderson, M.D.
Address Marysville, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorde
Your applicant hereby makes application for an order of the Court, directing correction of his birth / record *, as provided by law.*

John Russell Hamilton *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

John Russell Hamilton *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 18th *day of* November *19* 42.

William L. Coleman

(Seal) William L. Coleman, Notary Public, my com. exp. Aug. 17, 1945
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Bianca Draper Hamilton, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Bianca Draper Hamilton

P. O. Address 222 S. Maple St., Marysville, Ohio

Sworn to before me and signed in my presence this 18th *day of* November *19* 42

William L. Coleman

(Seal) William L. Coleman, Notary Public, My com. exp. Aug. 17, 1945
(Official Title)

The State of Ohio, Union **County, ss.**

I, Hattie Hamilton, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Hattie Hamilton

P. O. Address 222 S. Maple St., Marysville, Ohio

Sworn to before me and signed in my presence this 18th *day of* November *19*42.

William L. Coleman

(Seal) William L. Coleman, Notary Public, my com. exp. Aug. 17, 1945
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record
of John Russell Hamilton

November 18 *19*42

Case No. A-422

ORDER FOR HEARING

This day John Russell Hamilton *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

Probate Court, Union County, Ohio

In the Matter of the CORRECTION OF BIRTH RECORD

November 18 1942

Case No. A-422

Of John Russell Hamilton

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of John Russell Hamilton *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with.; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County: Union

(b) ____ (City) Paris Township (Village) (Township)

(c) Name of hospital or institution: home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution____ In this community____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State: Ohio

(b) County: Union

(c) ____ (City) R. F. D. Marysville, Ohio (Village) (Township)

(d) Street No. ____

3. Full name of child: Hamilton (Surname) John (First) Russell (Middle)

4. Date of birth: Jan. 15, 1894 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Hamilton (Surname) Delmar (First) D. (Middle)

10. Color or race: white 11. Age at time of this birth: 31 yrs.

12. Birthplace: Taylor Township, (City, town, or county) Union County, Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: same

MOTHER OF CHILD

15. Full maiden name: Draper (Surname) Bianca (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 30 yrs.

18. Birthplace: Paris Township, (City, town, or county) Union County, Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: same

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name: Lutrelle Henderson, M. D.

Address: Marysville, Ohio

M. D., midwife, or other____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

Name on record is Herbert Hamilton to be corrected to John Russell Hamilton.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

____ 19____

Case No. ____

of ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution____ In this community____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other____ Date signed____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Harvey Louis Donohoe

Case No. A-423

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Broadway, Ohio, Taylor Tpwnship, *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township
(City) (Village) (Township)

(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Donohoe (Surname) Harvey (First) Louis (Middle)

4. Date of birth June 14, 1876 (Month) (Day) (Year)

5. Sex: M.

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Donohoe (Surname) Ira (First) (Middle)

10. Color or race: white 11. Age at time of this birth: 23 yrs.

12. Birthplace: North Lewisburg (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farmer

MOTHER OF CHILD

15. Full maiden name: Paver (Surname) Martha (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 21 yrs.

18. Birthplace: Allen Twp. (City, town, or county) Union Co. Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name: Dr. Southard
Address: Marysville, Ohio
M. D., midwife, or other: ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol.1, page 200 of the birth records of Marysville, Union County. The name of Harry Louis Donohoe is to be changed to Harvey Louis Donohoe.

Your applicant hereby makes application for an order of the Court, directing correction of his birth records *as provided by law.*

Harvey Louis Donohoe *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Harvey Louis Donohoe *Applicant*

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 24th *day of* November *19*42.

(Seal)

William L. Coleman
William L. Coleman, Notary Public, State of Ohio. Com. exp. Aug. 17/45
(Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Fred Donohoe, first cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Frederick Donohoe

P. O. Address Elwood Ave., Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* November *19*42.

(Seal)

William L. Coleman
William L. Coleman, Notary Public, State of Ohio. Com. exp. Aug. 17/45
(Official Title)

The State of Ohio, Union **County, ss.**

I, David Blue, friend, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

David F. Blue

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* November *19*42.

(Seal)

William L. Coleman
William L. Coleman, Notary Public, State of Ohio. Com. exp. Aug. 17/45
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Harvey Louis Donohoe

November 24 *19*42

Case No. A-423

ORDER FOR HEARING

This day Harvey Louis Donohoe *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Harvey Louis Donohoe

Probate Court, Union County, Ohio

November 24 19 42

Case No. A-423

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Harvey Louis Donohoe *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Marysville, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Donohoe (Surname) Harvey (First) Louis (Middle)

4. Date of birth June 14, 1876 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Donohoe (Surname) Ira (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace North Lewisburg (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Paver (Surname) Martha (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Allen Twp. (City, town, or county) Union Co. (State or foreign country) Ohio

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Southard (deceased)

Address Marysville, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: The name of Harry Louis Donohoe is to be changed to Harvey Louis Donohoe.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ County, Ohio

____ 19____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth
of Ruth Brannan

Case No. A-424

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 9831 Dearborn St. Detroit, Michigan, *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Paris
(City) (Village) (Township)

(c) Name of hospital or institution: no
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 20 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Paris
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Brannan (Surname) Ruth (First) --- (Middle)

4. Date of birth July 5, 1909 (Month) (Day) (Year)

5. Sex ———

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy ———

8. Mother married? yes

FATHER OF CHILD

9. Full name Brannan (Surname) Blain (First) Arthur (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Kline (Surname) Sylvia (First) May (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Hoopes
Address Marysville, Ohio
———
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Ruth Brannan Chapman *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Ruth Brannan Chapman *Applicant*

P. O. Address 9831 Dearborn, Detroit, Mich.

Sworn to before me and signed in my presence this 20th *day of* Nov. *19* 42

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public
(Official Title)

AFFIDAVIT **Probate Court,** ——— **County, Ohio**

In the Matter of ———
of ———

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Pearl McMahon, uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Pearl McMahan

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 20th *day of* Nov. *19* 42.

Carrie W. Hornbeck

(Seal)

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Carl Eickemeyer, uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carl Eickemeyer

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 20th *day of* Nov. *19* 42.

Carrie W. Hornbeck

(Seal)

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth
of Ruth Brannan

November 20 *19* 42

Case No. A-424

ORDER FOR HEARING

This day Ruth Brannan *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispended with.

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this clause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ruth Brannan

Probate Court, Union County, Ohio

November 20 19 42

Case No. A-424

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ruth Brannan

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of two credible witnesses, Pearl McMahon and Carl Eickemeyer; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris (City) (Village) (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution none In this community 20 yr.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Brannan (Surname) Ruth (First) ---- (Middle)

4. Date of birth July 5, 1909 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Brannan (Surname) Blain (First) Arthur (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laborer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Kline (Surname) Sylvia (First) May (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Hoopes

Address Marysville, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Alice Irene Boda

Case No. A-425

APPLICATION

Your applicant respectfully represents that she *was born in* Hardin *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Hardin
(b) Mt. Victory (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Hardin
(c) Mt. Victory (City) (Village) (Township)
(d) Street No.

3. Full name of child: Boda (Surname) Alice (First) Irene (Middle)

4. Date of birth April 3, 1923 (Month) (Day) (Year)

5. Sex: F.

6. Twin or triplet: none If so—born 1st, 2d, or 3d: none

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Boda (Surname) Rodney (First) Earl (Middle)
10. Color or race: white 11. Age at time of this birth: 30 yrs.
12. Birthplace: Grove (City, town, or county) West Virginia (State or foreign country)
13. Usual occupation: merchant
14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Hughes (Surname) Nona (First) (Middle)
16. Color or race: white 17. Age at time of this birth: 22 yrs.
18. Birthplace: Logan County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: housewife
20. Industry or business:

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. J. J. Boone
Address Mt. Victory, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Alice Irene Boda *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Alice Irene Boda *Applicant*

P. O. Address Richwood, Ohio, RFD # 3

Sworn to before me and signed in my presence this 17 *day of* November *19* 42

Clifton L. Caryl
Notary Public, Union County, Ohio
(Official Title)

(Seal)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Rodney Earl Boda, Father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Rodney E. Boda

P. O. Address RFD # 3, Richwood, Ohio

Sworn to before me and signed in my presence this 21 *day of* November *19* 42.

Carrie W. Hornbeck
Deputy
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Nona Boda, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nona Boda

P. O. Address RFD # 3, Richwood, Ohio

Sworn to before me and signed in my presence this 21 *day of* November *19* 42.

Carrie W. Hornbeck
Deputy
(Official Title)

(Seal)

Probate Court, Union County, Ohio

November 21 1942

In the Matter of the registration of birth
of Alice Irene Boda

Case No. A-425

ORDER FOR HEARING

This day Alice Irene Boda *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19____*

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Alice Irene Boda

Probate Court, Union **County, Ohio**

November 21 *1942*

Case No. A-425

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Alice Irene Boda

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Rodney Earl Boda, her father, and Nona Boda, her mother, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Hardin

(b) Mt. Victory (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Hardin

(c) Mt. Victory (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Boda (Surname) Alice (First) Irene (Middle)

4. Date of birth April 3, 1923 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet none If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Boda (Surname) Rodney (First) Earn (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Grove (City, town, or county) West Virginia (State or foreign country)

13. Usual occupation merchant

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Hughes (Surname) Nona (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. J. J. Boone

Address Mt. Victory, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Hattie Jane Emmons

Case No. A-426

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Franklin County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Byhalia (City) (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community --
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Byhalia (City) (Village) (Township)
(d) Street No. ____

3. Full name of child: Emmons (Surname) Hattie (First) Jane (Middle)

4. Date of birth Oct. 2, 1894 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet --; If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? yes

FATHER OF CHILD

9. Full name Emmons, (Surname) William (First) Henry (Middle)
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Larue, Marion, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business general farming

MOTHER OF CHILD

15. Full maiden name Lauderback, (Surname) Hannah (First) (Middle)
16. Color or race white 17. Age at time of this birth 41 yrs.
18. Birthplace Larue (City, town, or county) Marion Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business "

21. Children born to this mother before this birth: 3
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? nonr

22. Attending Physician or Midwife:
Name do not know
Address ____
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of hier *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Hattie Jane Hubbard *Applicant*

The State of Ohio, Franklin **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Hattie Jane Hubbard *Applicant*

P. O. Address Grove City, Ohio

Sworn to before me and signed in my presence this 24th *day of* November *19* 42.

Chapin B. Beem

(Seal)

Chapin B. Beem, Notary Public, Franklin County, O.
(Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, James C. Emmons, brother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

James C. Emmons

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 28 *day of* November *19* 42

Carrie W. Hornbeck

(Seal)

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Carrie D. Louderback, aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carrie D. Louderback

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 28 *day of* November *19* 42

Carrie W. Hornbeck

(Seal)

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Hattie Jane Emmons

November 28 *19*42

Case No. A-426

ORDER FOR HEARING

This day Hattie Jane Emmons *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Hattie Jane Emmons

Probate Court, Union **County, Ohio**

November 28 19 42

Case No. A-426

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Hattie Jane Emmons

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* testimony of James C. Emmons and Carrie D. Louder; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Byhalia (City) (Village) (Township)

(c) Name of hospital or institution: at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Byhalia (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Emmons (Surname) Hattie (First) Jane (Middle)

4. Date of birth Oct. 2, 1894 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet -- If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married? yes

FATHER OF CHILD

9. Full name Emmons (Surname) William (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Laure, Marion, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business general farming

MOTHER OF CHILD

15. Full maiden name Lauderback, Hannah (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 41 yrs.

18. Birthplace Larue, Marion (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business "

21. Children born to this mother: 4

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name do not know

Address _____

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____ *Deputy Clerk.*

Lilienthal & Sons, Cambridge, O. · Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Lauer Harold Vannausdle

Case No. A-428

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Byhalia, Union County, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington (City) (Village) (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 6 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington (City) (Village) (Township)

(d) Street No. ____

3. Full name of child: Vannausdle (Surname) Lauer (First) Harold (Middle)

4. Date of birth Sept. 14, 1904 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Vannausdle (Surname) Elisha (First) ____ (Middle)

10. Color or race: white 11. Age at time of this birth: 35 yrs.

12. Birthplace: Knox County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farming

MOTHER OF CHILD

15. Full maiden name: Davis (Surname) Hattie (First) ____ (Middle)

16. Color or race: white 17. Age at time of this birth: 30 yrs.

18. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Geo. Miller

Address R. # 1, Richwood, Ohio

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Lauer Harold Vannausdle *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Lauer Harold Vannausdle *Applicant*

P. O. Address R. # 1, West Mansfield, Ohio

Sworn to before me and signed in my presence this 24th *day of* November *19* 42.

Richard C. Thrall

Justice of the Peace (Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Elisha Vannausdle, father of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Elisha Vannausdle

P. O. Address R. # 1, West Mansfield, O.

Sworn to before me and signed in my presence this 24th *day of* November *19* 42.

(Seal)

Carrie W. Hornbeck

Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, F. J. Bonham, not related to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

F. J. Bonham

P. O. Address R. # 1, Ridgeway, Ohio

Sworn to before me and signed in my presence this 24th *day of* November *19* 42.

(Seal)

Carrie W. Hornbeck

Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth

of Lauer Harold Vannausdle

November 24 *19* 42

Case No. A-428

ORDER FOR HEARING

This day Lauer Harold Vannausdle *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ Surname First Middle

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

November 24 *19* 42

Case No. A-428

of Lauer Harold Vannausdle

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lauer Harold Vannausdle

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Elisha Vannausdle and F. J. Bonham, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) _____ (City) Washington (Village) (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 6 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) _____ (City) Washington (Village) (Township)

(d) Street No. _____

3. Full name of child Vannausdle (Surname) Lauer (First) Harold (Middle)

4. Date of birth Sept. 14, 1904 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Vannausdle (Surname) Elisha (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Knox County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Davis (Surname) Hattie (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Geo. Miller

Address R.#1, Richwood

_____

M. D., midwife, or other M.D. Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Esther Moore

Case No. A-429

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood, Ohio, Route # 2 *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Claibourne (City) (Village) (Township)
(c) Name of hospital or institution: no
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution none In this community 38 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Claibourne (City) (Village) (Township)
(d) Street No.

3. Full name of child Moore (Surname) Esther (First) (Middle)

4. Date of birth Jan. 21, 1898 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Moore (Surname) George (First) W. (Middle)
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation merchant
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Hitt (Surname) Belle (First) A. (Middle)
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Taylor
Address Broadway, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been correctly recorded in Vol. 3, p. 139 of the Record of Births, Union County, Ohio. That said record shows "Ester Moore" which should read "Esther Moore. Also, the record shows the following: Father: Esther Moore Thompson Harry Hornbeck, mother Cora Moore" which is ~~incorrect and~~ should read "Father: George W. Moore, mother, Belle A. Hitt."

Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Esther Moore Thompson *Applicant*

P. O. Address Richwood, Ohio, Route # 2

Sworn to before me and signed in my presence this 24 *day of* November *19* 42

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public
(Official Title)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of
of

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, George W. Moore, father *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

George W. Moore

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 24 *day of* November *19* 42.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Cora Ford, aunt *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Cora Ford

P. O. Address Richwood, Ohio, Rt. # 2

Sworn to before me and signed in my presence this 24 *day of* November *19* 42.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Esther Moore

November 24 *19* 42

Case No. A-429

ORDER FOR HEARING

This day Esther Moore *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Esther Moore

Probate Court, Union County, Ohio

November 24 1942

Case No. A-429

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Esther Moore *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of two persons having knowledge of the facts; *that notice of the hearing on said application has been*; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County: Union

(b) (City) (Village) (Township): Claibourne

(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution: none In this community: 38 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State: Ohio

(b) County: Union

(c) (City) (Village) (Township): Claibourne

(d) Street No.:

3. Full name of child: Moore (Surname) Esther (First) (Middle)

4. Date of birth: Jan. 21, 1898 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married?: yes

FATHER OF CHILD

9. Full name: Moore (Surname) George (First) W. (Middle)

10. Color or race: white 11. Age at time of this birth: 36 yrs.

12. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: merchant

14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Hitt (Surname) Belle (First) A, (Middle)

16. Color or race: white 17. Age at time of this birth: 38 yrs.

18. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business:

21. Children born to this mother:

(a) How many other children of this mother are now living?: 5

(b) How many other children were born alive but are now dead?: none

(c) How many children were born dead?: none

22. Attending Physician or Midwife:

Name: Dr. Taylor

Address: Broadway, Ohio

M. D., midwife, or other:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the record shows "Ester Moore" which should read "Esther Moore." Also, the record shows the following, "Father: Harry Hornbeck, mother Cora Moore," which is incorrect and should read "Father: George W. Moore, mother, Belle A. Hitt."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of

19

Case No.

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of

for an order of The Court directing the registration of birth.

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by

; that notice of the hearing on said application has been; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County:

(b) (City) (Village) (Township):

(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution: In this community:
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State:

(b) County:

(c) (City) (Village) (Township):

(d) Street No.:

3. Full name of child: (Surname) (First) (Middle)

4. Date of birth: (Month) (Day) (Year)

5. Sex:

6. Twin or triplet: If so—born 1st, 2d, or 3d

7. Number months of pregnancy:

8. Mother married?:

FATHER OF CHILD

9. Full name: (Surname) (First) (Middle)

10. Color or race: 11. Age at time of this birth: yrs.

12. Birthplace: (City, town, or county) (State or foreign country)

13. Usual occupation:

14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: (Surname) (First) (Middle)

16. Color or race: 17. Age at time of this birth: yrs.

18. Birthplace: (City, town, or county) (State or foreign country)

19. Usual occupation:

20. Industry or business:

21. Children born to this mother:

(a) How many other children of this mother are now living?:

(b) How many other children were born alive but are now dead?:

(c) How many children were born dead?:

22. Attending Physician or Midwife

Name:

Address:

M. D., midwife, or other: Date signed:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Ermil Davis

Case No. A-430

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) York Township (City) (Village) (Township)
(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 30 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) York Township (City) (Village) (Township)
(d) Street No. ____

3. Full name of child Davis (Surname) Ermil (First) -- (Middle)

4. Date of birth Mar. 21, 1901 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Davis, (Surname) Elbert (First) C. (Middle)
10. Color or race White 11. Age at time of this birth 32 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Fish, (Surname) Minnie (First) (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Plotner
Address West Mansfield, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Ermil Davis *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ermil Davis *Applicant*

P. O. Address Marysville, Ohio, RFD # 5

Sworn to before me and signed in my presence this 6th *day of* February *19* 45.

John W. Dailey
Probate Judge
(Official Title)

(Seal)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Nye Yarrington, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nye Yarrington

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 6th *day of* February *19* 45.

John W. Dailey
Probate Judge
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Clayton Baldwin, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

C. E. Baldwin

P. O. Address Marysville, Ohio R # 5

Sworn to before me and signed in my presence this 6th *day of* February *19* 45.

John W. Dailey
Probate Judge
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Ermil Davis

February 6 *19* 45

Case No. A-430

ORDER FOR HEARING

This day Ermil Davis *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith, notice dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ermil Davis

Probate Court, Union **County, Ohio**

February 6 *19*45

Case No. A-430

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ermil Davis

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Nye Yarrington and Clayton Baldwin, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York Township (City) (Village) (Township)

(c) Name of hospital or institution:

home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 30 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Davis (Surname) Ermil (First) _____ (Middle)

4. Date of birth Mar. 21, 1901 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Davis (Surname) Elbert (First) C. (Middle)

10. Color or race White 11. Age at time of this birth 32 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Fish, Minnie (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 30 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Plotner

Address West Mansfield, Ohio

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Carmen B. Newhouse

Case No. A-431

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Lenawee County, Adrian, Mich; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No.

3. Full name of child Newhouse (Surname) Carmen (First) B. (Middle)

4. Date of birth Dec. 5, 1886 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Newhouse (Surname) William (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Griggsville (City, town, or county) Ill. (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name McCombs (Surname) Jennie (First) ____ (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. W. Duke

Address Richwood, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 3, that the name Carmen and not initial C was given to assessor, which was method of registering births at that time.

Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

Carmen B. Newhouse Egan *Applicant*

The State of ~~Ohio~~ Michigan, Lenawee County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Carmen B. Newhouse Egan *Applicant*

P. O. Address Adrian, Michigan

Sworn to before me and signed in my presence this 16th *day of* November *19*42.

(Seal)

Hazel G. Gregg
Notary Public, Lenawee County, Mich.
My commission expires Oct. 2, 1946
(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____

of ____

The State of Ohio, ____ County, ss.

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of ~~Ohio~~ Michigan, Wayne County, ss.

I, Jennie Newhouse Potter, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jennie Newhouse Potter

P. O. Address 1929 Lothrop, Detroit, Michigan

Sworn to before me and signed in my presence this 18th *day of* November *19* 42

(Seal)

Tillie Janower
Notary Public, Wayne County, Michigan.
My commission expires March 6, 1944
(Official Title)

The State of ~~Ohio~~ Michigan, Wayne County, ss.

I, Arthur L. Newhouse, brother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Arthur L. Newhouse

P. O. Address 1931 Lothrop, Detroit, Michigan

Sworn to before me and signed in my presence this 18th *day of* November *19* 42

(Seal)

Tillie Janower
Notary Public, Wayne County, Michigan.
My commission expires March 6, 1944
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Carmen B. Newhouse

November 27 *19*42

Case No. A-431

ORDER FOR HEARING

This day Carmen B. Newhouse Egan *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

Probate Court, Union County, Ohio

In the Matter of the CORRECTION OF BIRTH RECORD

November 27 19 42

Case No. A-431

Of Carmen B. Newhouse

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Carmen B. Newhouse Egan *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court of Union County, Volume 3. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— (City) Claibourne (Village) (Township)

(c) Name of hospital or institution: ———

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community 3 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— (City) Claibourne (Village) (Township)

(d) Street No. ———

3. Full name of child Newhouse (Surname) Carmen (First) B. (Middle)

4. Date of birth Dec. 5, 1886 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Newhouse (Surname) William (First) (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Griggsville (City, town, or county) Ill. (State or foreign country)

13. Usual occupation farmer

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name McCombs (Surname) Jennie (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. W. Duke

Address Richwood, Ohio

M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That the name Carmen and not initial "C" be placed on said record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union County, Ohio

In the Matter of the REGISTRATION OF BIRTH

November 27 19 42

Case No. A-431

of Carmen B. Newhouse

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Carmen B. Newhouse Egan *for an order of The Court directing the registration of* her *birth.*

———, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ———; *that notice of the hearing on said application has been* ———; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ———

(b) ——— (City) (Village) (Township)

(c) Name of hospital or institution: ———

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community ———

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ———

(b) County ———

(c) ——— (City) (Village) (Township)

(d) Street No. ———

3. Full name of child ——— (Surname) (First) (Middle)

4. Date of birth ——— (Month) (Day) (Year)

5. Sex ———

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy ———

8. Mother married? ———

FATHER OF CHILD

9. Full name ——— (Surname) (First) (Middle)

10. Color or race ——— 11. Age at time of this birth ——— yrs.

12. Birthplace ——— (City, town, or county) ——— (State or foreign country)

13. Usual occupation ———

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name ——— (Surname) (First) (Middle)

16. Color or race ——— 17. Age at time of this birth ——— yrs.

18. Birthplace ——— (City, town, or county) ——— (State or foreign country)

19. Usual occupation ———

20. Industry or business ———

21. Children born to this mother:

(a) How many other children of this mother are now living? ———

(b) How many other children were born alive but are now dead? ———

(c) How many children were born dead? ———

22. Attending Physician or Midwife

Name ———

Address ———

M. D., midwife, or other ——— Date signed ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Homer Stull Bodley

Case No. A-432

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Follansbee, West Virginia *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Jerome Township (City) (Village) (Township)
(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution x In this community 25 days. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Jerome Township (City) (Village) (Township)
(d) Street No.

3. Full name of child: Bodley (Surname) Homer (First) Stull (Middle)

4. Date of birth 1/27/1906 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Bodley (Surname) Oscar (First) (Middle)
10. Color or race: white
11. Age at time of this birth: 30 yrs.
12. Birthplace: Ostrander (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: farming
14. Industry or business: farming

MOTHER OF CHILD

15. Full maiden name: Stull (Surname) Ida (First) May (Middle)
16. Color or race: white
17. Age at time of this birth: 24 yrs.
18. Birthplace: Lexington (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: housewife
20. Industry or business: housewife

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? two
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Matoon
Address (deceased)
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Homer Stull Bodley *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Homer Stull Bodley *Applicant*

P. O. Address Follansbee, West Virginia

Sworn to before me and signed in my presence this 27th *day of* November *19*42.

William J. Porter

(Seal)

William J. Porter, Notary Public, State of Ohio. Commission expires Jan. 16, 1945 (Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ida May Bodley, mother , *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ida May Bodley

P. O. Address Radnor, Ohio, R.F.D.# 1

Sworn to before me and signed in my presence this 27th *day of* November *19*42.

John W. Dailey

(Seal)

P. J. (Official Title)

The State of Ohio, Union **County, ss.**

I, H. I. Huffman , *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

H. I. Huffman

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* November *19*42.

John W. Dailey

(Seal)

P. J. (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Homer Stull Bodley

November 27 *19*42

Case No. A-432

ORDER FOR HEARING

This day Homer Stull Bodley *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ Surname First Middle

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

November 27 *19* 42

Case No. A-432

of Homer Stull Bodley

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Homer Stull Bodley

for an order of The Court directing the registration of his *birth.*

The Probate Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Ida May Bodley and H. I. Huffman, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome Township (City) (Village) (Township)

(c) Name of hospital or institution:

none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution x In this community 25 days. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Bodley (Surname) Homer (First) Stull (Middle)

4. Date of birth 1/27/1906 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bodley (Surname) Oscar (First) (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Ostrander (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Stull (Surname) Ida (First) May (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Lexington (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Matoon

Address (deceased)

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Leslie Naomi Carpenter

Case No. A- 433

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg Twp
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 24 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Union

(b) County Leesburg Twp

(c) ____
(City) (Village) (Township)

(d) Street No. ____

3. Full name of child Carpenter (Surname) Leslie Naomi (First, Middle)

4. Date of birth Aug 27, 1896 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Carpenter (Surname) Frank (First) ____ (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Laughery (Surname) Malissa (First) Ellen (Middle)

16. Color or race White 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name ____
Address ____
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth, *as provided by law.*

Leslie Naomi Carpenter Bault *Applicant*

The State of Ohio, Union County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Leslie Naomi Carpenter Bault *Applicant*

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 28 *day of* November *19*42.

Clifton L. Caryl, Notary Public

(Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ County, ss.

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union County, ss.

I, Frank Carpenter, father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Frank Carpenter

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 28 *day of* November *19*42.

Carrie W. Hornbeck, Deputy

(Official Title)

The State of Ohio, Union County, ss.

I, Ida M. Wise, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ida M. Wise

P. O. Address R.D. 1 West Mansfield, Ohio

Sworn to before me and signed in my presence this 28 *day of* November *19*42.

Carrie W. Hornbeck, Deputy

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Leslie Naomi Carpenter

November 28 *19*42

Case No. A- 433

ORDER FOR HEARING

This day Leslie Naomi Carpenter *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ Surname First Middle

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ Surname First Middle

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ Surname First Middle

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

November 28 *19* 42

Case No. A-433

of Leslie Naomi Carpenter

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Leslie Naomi Carpenter

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Farnk Carpenter and Ida M. Wise, her Cousin, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg Township (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 24 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg Township (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Carpenter (Surname) Leslie Naomi (First Middle)

4. Date of birth Aug 27, 1896 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Carpenter (Surname) Frank (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Laughery (Surname) Malissa (First) Ellen (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth *of* Robert William Stout

Case No. A-434

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 15 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, Ohio (City) (Village) (Township)

(d) Street No.

3. Full name of child: Stout (Surname) Robert (First) William (Middle)

4. Date of birth Jan. 12, 1900 (Month) (Day) (Year)

5. Sex: M.

6. Twin or triplet: single If so—born 1st, 2d, or 3d: none

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Stout (Surname) Orland (First) (Middle)

10. Color or race: white 11. Age at time of this birth: 30 yrs.

12. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: plasterer

14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Burris (Surname) Rachel (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 35 yrs.

18. Birthplace: Paulding County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business:

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Wurtzbaugh

Address Richwood, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Robert William Stout *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Robert William Stout *Applicant*

P. O. Address 106 Pearl Street, Richwood, Ohio

Sworn to before me and signed in my presence this 1 *day of* December *19* 42.

Mildred L. Fladt

(Seal) Mildred L. Fladt, Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT Probate Court, ____ County, Ohio

In the Matter of ____ *of* ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Willard Hildreth, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Willard Hildreth

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 1 *day of* December *19* 42.

(Seal) Mildred L. Fladt

Notary Public, Union County, Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, Blanche Hostetter, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Blanche Hostetter

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 1 *day of* December *19* 42

Carrie W. Hornbeck

(Seal)

Deputy (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth *of* Robert William Stout

December 1 *19* 42

Case No. A-434

ORDER FOR HEARING

This day Robert William Stout *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

December 1 *19*42

Case No. A-434

of Robert William Stout

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Robert William Stout

for an order of The Court directing the registration of his *birth.*

The Court _____, *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by the testimony of Willard Hildreth and Blanche Hostetter, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 15 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Stout (Surname) Robert (First) William (Middle)

4. Date of birth Jan. 12, 1900 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Stout (Surname) Orland (First) _____ (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation plasterer

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Burris (Surname) Rachel (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Paulding County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Wurtzbaugh

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Harry Olen Moore

Case No. A-435

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 251 W. Ottawa St., Richwood, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 18 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No.

3. Full name of child Moore (Surname) Harry (First) Olen (Middle)

4. Date of birth Jan. 20, 1898 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? no

FATHER OF CHILD

9. Full name Hornbeck (Surname) Charles (First) A. (Middle)

10. Color or race white 11. Age at time of this birth 20 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Moore (Surname) Cora (First) (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Taylor
Address Broadway, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not properly or accurately recorded in Vol. 3, page 139, of the Records of Births of Union County, Ohio. That said record shows "Harry Moore", which should read "Harry Olen Moore". Also, the record reads, "Father, George W. Moore, mother Belle Hitt", which is incorrect and should read "Father, Charles A. Hornbeck, Mother Cora Moore". Also, the records show the date of birth is Feb. 19, 1898, should be Feb. 19, 1898.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Harry Olen Moore *Applicant*

The State of Ohio, Union **County.** *The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as* he *verily believes.*

Harry Olen Moore *Applicant*

P. O. Address 251 Ottawa St., Richwood, Ohio

Sworn to before me and signed in my presence this 24th *day of* November *19*42.

Alnet Mayer

(Seal)

Notary Public (Official Title)

AFFIDAVIT **Probate Court,** County, Ohio

In the Matter of
of

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Cora Moore Ford, mother *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Cora Ford

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 24 *day of* November *19*42.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public (Official Title)

The State of Ohio, Union **County, ss.**

I, George W. Moore, uncle *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

George W. Moore

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 24 *day of* November *19*42.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth
of Harry Olen Moore

December 1 *19*42

Case No. A-435

ORDER FOR HEARING

This day Harry Olen Moore *appeared in open court and filed an application for the* correction of his birth record .

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Harry Olen Moore

Probate Court, Union County, Ohio

December 1 19 42

Case No. A-435

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Harry Olen Moore *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Claibourne (Village) (Township)

(c) Name of hospital or institution: none

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 18 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Claibourne (Village) (Township)

(d) Street No. ____

3. Full name of child Moore (Surname) Harry (First) Olen (Middle)

4. Date of birth Jan. 20, 1898 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? no

FATHER OF CHILD

9. Full name Hornbeck (Surname) Charles (First) A. (Middle)

10. Color or race white 11. Age at time of this birth 20 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Moore (Surname) Cora (First) (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Taylor

Address Broadway, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That said record shows "Harry Moore" which should read "Harry Olen Moore." Also, the records show, "Father, George W. Moore, mother Belle Hitt." which is incorrect and should read, "father, Charles A. Hornbeck, mother, Cora Moore." Also, the records show that the birth date is February 19, 1898, which is incorrect and should be January 20th., 1898.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) ____ (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record *of* Ogan Lee Davis

Case No. A-436

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 421 Avenue C. Sahomish Washington *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 10 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Davis (Surname) Ogal (First) Lee (Middle)

4. Date of birth April 22, 1890 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Davis (Surname) E. C. (First) (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Kennedy (Surname) Nancy (First) J (Middle)

16. Color or race white 17. Age at time of this birth 45 yrs.

18. Birthplace Franklin County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 5

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Miller

Address Byhalia, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly or correctly recorded in Vol 3 page 46 of the records of births in Union County, Ohio. That said record shows the name to be Peter Davis and should be Ogal Lee Davis. Birth date reads April 23, 1890 should be April 22, 1890. Mothers name ~~Nancy~~ J Gamedy should be Nancy J. Kennedy

Your applicant hereby makes application for an order of the Court, directing correction of his birth, *as provided by law.*

Ogal Lee Davis *Applicant*

The State of Ohio, ____ **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ogal Lee Davis *Applicant*

P. O. Address 421 Avenue C. Sanhomish, Wash.

Sworn to before me and signed in my presence this 2nd *day of* December *19* 42.

Alnet Mayer, Notary Public

(Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____ *of* ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary M. Blain, a friend, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mary M. Blaim

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* December *19* 42

Alnet Mayer, Notary Public

(Official Title)

The State of Ohio, Union **County, ss.**

I, Milo L. Myers, a friend, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Milo L. Myers

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2 *day of* December *19* 42

Alnet Mayer Notary Public

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Ogal Lee Davis

December 2, 1942

Case No. A-436

ORDER FOR HEARING

This day Ogal Lee Davis *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Bailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of Ogal Lee Davis

Probate Court, Union County, Ohio

December 2 *19* 42

Case No. A-436

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ogal Lee Davis *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court Union County, Ohio *the court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavit of Mary M. Blaim and Milo L. Myers, credible persons; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 10 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Township (City) (Village) (Township)

(d) Street No. ____

3. Full name of child Davis (Surname) Ogal (First) Lee (Middle)

4. Date of birth April 22, 1890 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Davis E. C. (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Kennedy Nancy J (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 45 yrs.

18. Birthplace Franklin County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Miller

Address Byhalia, Ohio

M. D., midwife, or other ____

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That, said record shows the name to be Peter Davis and should read Ogal Lee Davis. Also, birth date reads April 23, 1890, and should read April 22, 1890. Also, mothers name reads Nancj J Canddy and should ne Nancy J. Kennedy

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

19 ____

Case No. ____

of ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of William Lowell Boyd

Case No. A-437

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* foreign service U.S.Army *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Summerville (City), (Village) York (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community 20 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Summerville (City) (Village) York (Township)

(d) Street No.

3. Full name of child Boyd (Surname) William (First) Lowell (Middle)

4. Date of birth Sept 27, 1907 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Boyd (Surname) William (First) Wayne (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Railway Mail Clerk

14. Industry or business

MOTHER OF CHILD

15. Full maiden name McCormick, (Surname) Leona (First) May (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address York Township, Union County, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration *, as provided by law.*

William Lowell Boyd *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

William Lowell Boyd *Applicant*

P. O. Address 11th Replacement Control Depot A.P.O. 923, U.S.A.

Sworn to before me and signed in my presence this 17th *day of* Nov. *19* 42

Melvin A. Kelley

Major Air Corps. Adj.

(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Nancy J. Simpson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nancy J. Simpson

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* December *19* 42.

(Seal)

Betty Geer

Deputy Clerk

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lizzie D. Potts, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lizzie D. Potts

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 9th *day of* December *19* 42.

(Seal)

Carrie W. Hornbeck

Deputy

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of William Lowell Boyd

September 23, *19* 42

Case No. A-437

ORDER FOR HEARING

This day William Lowell Boyd *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be continued

It is further ordered by The Court that Melvin A. Kelly, Major U.S.A. *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

FOR DEPOSITION, SEE BIRTH RECORD, REGISTRATION AND CORRECTION 2, Page 613

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of William Lowell Boyd

Probate Court, Union **County, Ohio**

December 9 *19* 42

Case No. A-437

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Lowell Boyd

for an order of The Court directing the registration of his *birth.*

Melvin A. Kelley, the Special Master Commissioner appointed by the Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Nancy J. Simpson and Lizzie D. Potts, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Summerville (City) York (Village) (Township)

(c) Name of hospital or institution:

Village of Summerville

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Summerville (City) York (Village) (Township)

(d) Street No. _____

3. Full name of child Boyd (Surname) William (First) Lowell (Middle)

4. Date of birth Sept. 27, 1907 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Boyd (Surname) William (First) Wayne (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Railway Mail Clerk

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name McCormick (Surname) Leona (First) May (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. C. L. Thompson

Address York Township, Union County, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Erdean Frances McCloud

Case No. A-441

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Fort Wayne, Indiana *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 16 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child McCloud (Surname) Erdean (First) Frances (Middle)

4. Date of birth July 13, 1885 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McCloud (Surname) Smith (First) Newton (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Amity (City, town, or county) Ohio (State or foreign country)

13. Usual occupation druggist

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Filler (Surname) Nora (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Springfield (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? six

(b) How many other children were born alive but were then dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Uncertain

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 2, page 90 of the birth records of Union County, Ohio, and that it be corrected in the

Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

** following particulars: From Eardine McCloud to Erdean Frances McCloud, her mother's maiden name changed from N. E. Fuller to Nora Elizabeth Filler. **

Erdean Frances McCloud *Applicant*

The State of Ohio, Indiana, Allen **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Erdean Frances McCloud *Applicant*

P. O. Address 824 West Packard Ave. Fort Wayne, Indiana

Sworn to before me and signed in my presence this 8th *day of* December *19* 42

Herman Rabe

(Seal)

A Notary Public, My commission expires Jan. 6, 1944 (Official Title)

AFFIDAVIT **Probate Court,** ____ **County, Ohio**

In the Matter of ____

of ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Carrie Hornbeck, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carrie Hornbeck

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* December *19* 42.

(Seal)

Betty Geer

Deputy in Probate Office (Official Title)

The State of Ohio, Union **County, ss.**

I, Nelle Hoopes, sister of Erdean Frances McCloud, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nelle Hoopes

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* December *19* 42.

(Seal)

Carrie W. Hornbeck

Deputy, Probate Court (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Erdean Frances McCloud

December 9 *19* 42

Case No. A-441

ORDER FOR HEARING

This day Erdean Frances McCloud *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal)

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

Probate Court, Union County, Ohio

In the Matter of the CORRECTION OF BIRTH RECORD

December 9 19 42

Case No. A-441

Of Erdean Frances McCloud

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Erdean Frances McCloud *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court of Union County. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 16 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. ____

3. Full name of child McCloud (Surname) Erdean (First) Frances (Middle)

4. Date of birth July 13, 1885 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McClous (Surname) Smith (First) Newton (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Amith (City, town, or county) Ohio (State or foreign country)

13. Usual occupation druggist

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name Filler (Surname) Nora (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Springfield (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? six

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Uncertain

Address ____

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Changed from Eardine McCloud to Erdean Frances McCloud, and her mother's maiden name from N. E. Fuller to Nora Elizabeth Filler.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D Probate Court, ____ County, Ohio

In the Matter of the REGISTRATION OF BIRTH

19 ____

Case No. ____

of ____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:

(a) How many other children of this mother are now living? ____

(b) How many other children were born alive but are now dead? ____

(c) How many children were born dead? ____

22. Attending Physician or Midwife

Name ____

Address ____

M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Ella Maud Hamilton

Case No. A-440

APPLICATION

Your applicant respectfully represents that she *was born in* Franklin *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Franklin
(b) Columbus (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Franklin
(c) Columbus (City) (Village) (Township)
(d) Street No.

3. Full name of child Hamilton (Surname) Ella (First) Maud (Middle)

4. Date of birth Aug. 8, 1902 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hamilton (Surname) M. (First) H. (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Mechanicsburg (City, town, or county) Ohio (State or foreign country)
13. Usual occupation street car worker
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Davis (Surname) Anna (First) (Middle)
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Taylor
Address Columbus, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Ella Maud Hamilton Bumgardner *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Ella Maud Hamilton Bumgardner *Applicant*

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 5 *day of* December *19* 42.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of
of

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Anna Hamilton, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Anna Hamilton

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 8 *day of* December *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Nellie Homsher, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nellie Homsher

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 8 *day of* December *19* 42.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Ella Maud Hamilton

December 8 *19* 42

Case No. A-440 ✓

ORDER FOR HEARING

This day Ella Maud Hamilton *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ella Maud Hamilton

Probate Court, Union **County, Ohio**

December 8 *19* 42

Case No. A-440

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ella Maud Hamilton

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Anna Hamilton, her mother, and Nellie Homsher, her sister, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Franklin

(b) Columbus (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Franklin

(c) Columbus (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Hamilton (Surname) Ella (First) Maud (Middle)

4. Date of birth Aug. 8, 1902 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hamilton (Surname) M. (First) H. (Middle)

10. Color or race White 11. Age at time of this birth 30 yrs.

12. Birthplace Mechanicsburg (City, town, or county) Ohio (State or foreign country)

13. Usual occupation street car worker

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Davis (Surname) Anna (First) _____ (Middle)

16. Color or race White 17. Age at time of this birth 33 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. Taylor

Address Columbus, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* Fred Elmo Cramer

Case No. A-442

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) Claibourne (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 21 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) Claibourne (Village) (Township)

(d) Street No. ____

3. Full name of child: Cramer (Surname) Fred (First) Elmo (Middle)

4. Date of birth Jan. 24, 1893 (Month) (Day) (Year)

5. Sex: M.

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Cramer (Surname) John (First) Ernest (Middle)

10. Color or race: white 11. Age at time of this birth: 23 yrs.

12. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: farming

MOTHER OF CHILD

15. Full maiden name: Jolliff (Surname) Eva (First) Nina (Middle)

16. Color or race: white 17. Age at time of this birth: 21 yrs.

18. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: housewife

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name: Dr. W.B. Duke

Address: Richwood, Ohio

M. D., midwife, or other: Florence Johnson (Davis), Richwood, Ohio

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Fred Elmo Cramer *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* December *19* 42

(Seal) Robert F. Allen

Robert F.Allen, Notary Public for Union Co.
my commission expires April 7, 1943
(Official Title)

AFFIDAVIT

Probate Court, ____ **County, Ohio**

In the Matter of ____ *of* ____

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19* ____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Eva Nina Cramer, mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Eva Nina Cramer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 9 *day of* December *19* 42.

(Seal) Carrie W. Hornbeck

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, John Ernest Carmer, father of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Ernest Cramer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 9 *day of* December *19* 42

(Seal) Carrie W. Hornbeck

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth *of* Fred Elmo Cramer

December 9 *19* 42

Case No. A-442

ORDER FOR HEARING

This day Fred Elmo Cramer *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Fred Elmo Cramer

Probate Court, Union **County, Ohio**

December 9 *19*42

Case No. A-442

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Fred Elmo Cramer

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Eva Nina Cramer and John Ernest Cramer, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution: at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 21 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Cramer (Surname) Fred (First) Elmo (Middle)

4. Date of birth Jan. 24, 1893 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cramer (Surname) John (First) Ernest (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Jolliff (Surname) Eva (First) Nina (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. W. B. Duke

Address Richwood, Ohio

_____

M. D., midwife, or other Florence Johnson (Davis) Date signed Richwood, Ohio

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Nannie Lucille Moore

Case No. A-443

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Raymond, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) York (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ____ In this community 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) York (Township)

(d) Street No. ____

3. Full name of child: Moore (Surname) Nannie (First) Lucille (Middle)

4. Date of birth Apr. 7, 1897 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Moore (Surname) William (First) Henry (Middle)

10. Color or race: white 11. Age at time of this birth: 35 yrs.

12. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: farming

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name: Middleton (Surname) Esther (First) Jane (Middle)

16. Color or race: white 17. Age at time of this birth: 34 yrs.

18. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business ____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? two

(b) How many other children were born alive but were then dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name C. L. Thompson

Address York Center, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth *, as provided by law.*

Nannie Bushong *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Nannie Bushong *Applicant*

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 16th *day of* January *19*43.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

AFFIDAVIT

Probate Court, ____ County, Ohio

In the Matter of ____
of ____

The State of Ohio, ____ County, ss.

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles H. Smith, friend and neighbor, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles H. Smith

P. O. Address Marysville, O., R.R.

Sworn to before me and signed in my presence this 16th *day of* January *19*43.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Nora Mulcahy, friend, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nora Mulcahy

P. O. Address ____

Sworn to before me and signed in my presence this 16th *day of* January *19*43.

Carrie W. Hornbeck

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Nannie Lucille Moore

January 16 *19*43

Case No. A-443

ORDER FOR HEARING

This day Nannie Lucille Moore *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community_____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child_____ (Surname) (First) (Middle)

4. Date of birth_____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy _____

8. Mother married?_____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race_____ 11. Age at time of this birth_____yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race_____ 17. Age at time of this birth_____yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living?_____

(b) How many other children were born alive but are now dead?_____

(c) How many children were born dead?_____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

January 16 *19*43

Case No. A-443

of Nannie Lucille Moore

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Nannie Lucille Moore

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Charles H. Smith and Nora Mulcahy, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York (City) (Village) (Township)

(c) Name of hospital or institution: at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution_____ In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Moore (Surname) Nannie (First) Lucille (Middle)

4. Date of birth Apr. 7. 1897 (Month) (Day (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d_____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Moore (Surname) William (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farming

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Middleton, (Surname) Esther (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business_____

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name C. L. Thompson

Address York Center, Ohio

_____

M. D., midwife, or other_____ Date signed_____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Philip M. Mathys

Case No. A-444

APPLICATION

Your applicant respectfully represents that he *was born in* Hardin *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Hardin
(b) Ridgeway (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 2 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Hardin
(c) Ridgeway (City) (Village) (Township)
(d) Street No.

3. Full name of child Mathys (Surname) Philip (First) M. (Middle)

4. Date of birth Mar. 30, 1909 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mathys (Surname) Clement (First) Juno (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Hardin County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation tinner
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Wooley (Surname) Cecile (First) (Middle)
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. J. J. Boone
Address Mt. Victory, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Philip M. Mathys *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Philip M. Mathys *Applicant*

P. O. Address RFD # 1, Peoria, Ohio

Sworn to before me and signed in my presence this 15 *day of* December *19* 42

Mildred L. Fladt

(Seal) Notary Public, Union County, Ohio (Official Title)

AFFIDAVIT **Probate Court,** **County, Ohio**

In the Matter of
of

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, C. J. Mathys, father *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

C. J. Mathys

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 15 *day of* December *19* 42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Cecile Mathys, mother *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Cecile Mathys

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 15 *day of* December *19* 42.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Philip M. Mathys

December 15 *19* 42

Case No. A-444

ORDER FOR HEARING

This day Philip M. Mathys *appeared in open court and filed an application for the* registration of his birth .

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ County, Ohio

_____ 19____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union County, Ohio

In the Matter of the REGISTRATION OF BIRTH

December 15 19 42

Case No. A-444

of Philip M. Mathys

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Philip M. Mathys

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of C. J. Mathys, his father, and Cecile Mathys, his father, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Hardin

(b) Ridgeway (City) (Village) (Township)

(c) Name of hospital or institution:

_____ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Hardin

(c) Ridgeway (City) (Village) (Township)

(d) Street No. _____

3. Full name of child Mathys (Surname) Philip (First) M. (Middle)

4. Date of birth Mar. 30, 1909 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mathys (Surname) Clement (First) Juno (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Hardin County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation tinner

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Wolley (Surname) Cecile (First) _____ (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife

Name Dr. J.J. Boone

Address Mt. Victory, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Walter Eugene Griffith

Case No. A-445

APPLICATION

Your applicant respectfully represents that _____ *was born in* _____ *County, Ohio; that* _____ *now resides in* _____; *and that the following are the available facts with relation to* _____ *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County _____

(b) _____ (City) (Village) (Township)

(c) Name of hospital or institution: _____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution _____ In this community _____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____ (City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____ (Surname) (First) (Middle)

4. Date of birth _____ (Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____ (Surname) (First) (Middle)

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ (City, town, or county) _____ (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____ (Surname) (First) (Middle)

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ (City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? _____

(b) How many other children were born alive but were then dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of _____ *birth* _____

Your applicant hereby makes application for an order of the Court, directing _____, *as provided by law.*

_____ *Applicant*

The State of Ohio, _____ **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as _____ *verily believes.*

_____ *Applicant*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

AFFIDAVIT

Probate Court, _____ **County, Ohio**

In the Matter of _____

of _____

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I was the physician in attendance at the birth of* _____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

_____ *Attending Physician*

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

The State of Ohio, _____ **County, ss.**

I, _____, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

_____

P. O. Address _____

Sworn to before me and signed in my presence this _____ *day of* _____ *19____.*

_____

_____ (Official Title)

Probate Court, _____ **County, Ohio**

In the Matter of the _____

of _____

_____ *19____*

Case No. 4116

ORDER FOR HEARING

This day _____ *appeared in open court and filed an application for the* _____.

It is ordered that hearing on said application _____

It is further ordered by The Court that _____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page _____ _____ *Probate Judge.*

604

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, _____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of _____

_____ *19*____

Case No. _____

FINDING AND ORDER — REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of _____

for an order of The Court directing the registration of _____ *birth.*

_____, *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by _____

_____; *that*

notice of the hearing on said application has been _____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____ _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____ _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22.Attending Physician or Midwife

Name _____

Address _____

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

_____ *Probate Judge.*

_____

Deputy Clerk.

Lilienthal & Sons, Cambridge, O. Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Ethel W. Winter

Case No. A-446

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Florida *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Claibourne
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Winter (Surname) Ethel (First) ——— (Middle)

4. Date of birth May 14, 1885 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy ———

8. Mother married? yes

FATHER OF CHILD

9. Full name Winter (Surname) Winfield Scott (First) (Middle)

10. Color or race white 11. Age at time of this birth 42 yrs.

12. Birthplace Maryland (City, town, or county) ——— (State or foreign country)

13. Usual occupation real estate, salesman

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Fawn (Surname) Alice (First) D. (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace ——— Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business ———

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? ———

(b) How many other children were born alive but were then dead? ———

(c) How many children were born dead? ———

22. Attending Physician or Midwife:

Name ———

Address ———

M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Ethel W. Miller *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Ethel W. Miller *Applicant*

P. O. Address 116 Palm Place, Daytona Beach, Florida

Sworn to before me and signed in my presence this 15th *day of* December *19* 42.

William M Mitchell

Notary Public
(Official Title)

AFFIDAVIT

Probate Court, ——— County, Ohio

In the Matter of ———
of ———

The State of Ohio, ——— County, ss.

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19* ———.

———
(Official Title)

The State of Ohio, Union **County, ss.**

I, William A. Fawn, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Willaim A Fawn

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 12th *day of* January *19* 43.

Carrie W. Hornbeck

Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lloyd Winter, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lloyd Winter

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* January *19* 43.

Carrie W Hornbeck

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth
of ~~Ethel Winter~~

Case No. A-446

ORDER FOR HEARING

——— *19* ———

This day Ethel Winter *appeared in open court and filed an application for the* ~~registration of her birth~~.

It is ordered that hearing on said application be continued

It is further ordered by The Court that Walter A. Shelley, Daytona Beach, Florida *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

606

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

Of _____

Probate Court, _____ **County, Ohio**

_____ *19*____

Case No. _____

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of _____

for an order of The Court correcting _____ *birth record, as it is registered in the office of* _____

_____ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* _____

_____;

that notice of the hearing on said application has been _____; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County _____

(b) _____
(City) (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution_____ In this community_____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State _____

(b) County _____

(c) _____
(City) (Village) (Township)

(d) Street No. _____

3. Full name of child _____
Surname First Middle

4. Date of birth _____
(Month) (Day) (Year)

5. Sex _____

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy _____

8. Mother married? _____

FATHER OF CHILD

9. Full name _____
Surname First Middle

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace _____
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name _____
Surname First Middle

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace _____
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? _____

(b) How many other children were born alive but are now dead? _____

(c) How many children were born dead? _____

22. Attending Physician or Midwife:

Name _____

Address _____

_____

M. D., midwife, or other _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

_____ *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, Union **County, Ohio**

January 13, 19 42

Case No. A-466

FINDING AND ORDER — REGISTRATION OF BIRTH

In the Matter of the REGISTRATION OF BIRTH

of Ethel Winter

This day this cause came on to be heard on the application of Ethel Winter Miller

for an order of The Court directing the registration of her *birth.*

Walter A Shelley, Master Commissioner appointed by the Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of William A Fawn and Lloyd Winter two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) _____ (City) Claibourne (Village) (Township)

(c) Name of hospital or institution:

_____
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution_____ In this community 2 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) _____ (City) Claibourne (Village) (Township)

(d) Street No. _____

3. Full name of child Winter (Surname) Ethel (First) _____ (Middle)

4. Date of birth 5/14/1885 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Winter Winfield Scott
Surname First Middle

10. Color or race white 11. Age at time of this birth 42 yrs.

12. Birthplace _____ (City, town, or county) Maryland (State or foreign country)

13. Usual occupation real estate salesman

14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Fawn (Surname) Alice (First) A (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace _____ (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business _____

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? 0.

22. Attending Physician or Midwife

Name Dr. Oatly

Address Richwood, Ohio

_____

M. D., midwife, or other _____ Date signed _____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W Dailey *Probate Judge.*

For Master Com. see page 619 Vol-2

_____ *Deputy Clerk.*

Pages 607 to 630 Missing
from Original Volume

From Page 77 COMMISSION TO TAKE DEPOSITION Probate Court, Union County, Ohio
In the Matter of the Registration of birth of Vernon McKinley Everett. Case No. A-40
To William J. White, Greeting: Know you, that I, Judge of the Probate Court of Union County, Ohio, have appointed you, and by these presents do give you full power and authority to examine and take the deposition of Vernon McKinley Everett, applicant who resides at 708 North Harvard Avenue, Fullerton, Calif. and who is unable to appear in said Court, in the matter of the registration of birth of Vernon McKinley Everett, now a resident of Fullerton, California, who has filed an application for the registration of his birth in the Probate Court of Union County, Ohio; and therefore I command you that, at certain times and places appointed by you, you cause the said Vernon McKinley Everett to be brought before you, and then and there examine him, on oath or affirmation first taken before you, touching the registration of birth of the said Vernon McKinley Everett, and that you return his testimony, together with this commission, closed up under your seal, unto our said Court, with all convenient speed. In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court, at Marysville, Ohio, this 13th day of November, 1941. John W. Dailey, Judge and ex-officio Clerk of the Probate Court (Seal)

DEPOSITION OF VERNON MCKINLEY EVERETT

In the Matter of the registration of birth of Vernon McKinley Everett. Case No. A-40
I, William J. White, duly appointed and commissioned by the Judge of the Probate Court of the County of Union in the State of Ohio, to take deposition of Vernon McKinley Everett, applicant, in the matter of the registration of birth of Vernon McKinley Everett, now a resident of Fullerton, California, do hereby certify that in pursuance of said commission, I caused the said Vernon McKinley Everett to come personally before me at Santa Ana, Cal. #319 Hall of Records, who being duly sworn according to law to speak the truth, the whole truth and nothing but the truth, concerning the registration of birth of Vernon McKinley Everett, testified as follows: Vernon McKinley Everett, the undersigned, being first duly sworn according to law to tell the truth and nothing but the truth, hereby swears that Vernon McKinley Everett was born in Union County, Ohio; that he is now a resident of Fullerton, Orange County, California; and that the following are the available facts with relation to his birth, as of date of delivery:

1. Place of Birth:
(a) County, Union
(b) Essex(Village) Jackson (Township)
(c) Name of hospital or institution:
Born at Farm Home
(d) Mother's stay before delivery:
In hospital or institution: home
In this community, Years.

2. Usual Residence of Mother:
(a) State, Ohio
(b) County, Union
(c) Essex (Village) Jackson (Township)
(d) Street No. No number

3. Full name of child: Everett,Vernon McKinley
4. Date of Birth: November 24, 1893
5. Sex- Male
7. Number months of pregnancy- 9
8. Mother married? Yes

Father of Child
9. Full name, Everett, William Allen
10. Color or race- white
11. Age at time of this birth 25 yrs.
12. Birthplace, Madison County, Ohio
13. Usual occupation-Farmer
14. Industry or business-Farmer

Mother of Child
15. Full maiden name, Parish, Elva Arabel
16. Color or race- White
17. Age at time of this birth 24 years.
18. Birthplace, Union County, Ohio
19. Usual Occupation, Housewife

21. Children born to this mother before this birth: one
(a) How many other children of this mother were living one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? None
22. Attending Physician or Midwife
Name: Dr. P. B. Hall
Address: Richwood, Ohio
M. D., midwife, or other: Nurse, Alma Williams
He further swears that the registration of his birth is not recorded. Vernon McKinley Everett

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Mrs. Monnette Everett(Wife) the Witness herein, and was subscribed by him in my presence, on this 28th day of November, 1941. In Testimony Whereof, I have hereunto set my hand, at Santa Ana, California, this 28th day of November, 1941. William J. White, Commissioner (Seal) My commission expires Feb. 13, 1943 Commissioner's Fees, $6.00

From Page 87 COMMISSION TO TAKE DEPOSITION Probate Court, Union County, Ohio
In the Matter of the Registration of Birth of Walter Wilshire Salisbury. Case No. A-45
To Robert W. Kenney, Greeting: Know you, that I, Judge of the Probate Court of Union County, Ohio have appointed you, and by these presents do give you full power and authority to examine and take the deposition of Walter Wilshire Salisbury, applicant, who resides at 852 South Main Street, Los Angeles, California, and who is unable to appear in said Court, in the matter of the registration of birth of Walter Wilshire Salisbury, now a resident of Los Angeles, Los Angeles County, California, who has filed an application for the registration of his birth in Probate Court, Union County, Ohio, and therefore I command you that, at certain times and places appointed by you, you cause the said Walter Wilshire Salisbury to be brought before you, and then and there examine him, on oath or affirmation first taken before you, touching the registration of birth of the said Walter Wilshire Salisbury, and that you return his testimony, together with this commission, closed up under your seal, unto our said Court, with all convenient speed. In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Marysville, Ohio, this 27th day of November, 1941. John W. Dailey, Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF WALTER WILSHIRE SALISBURY

In the Matter of the Registration of Birth of Walter Wilshire Salisbury. Case No. A-45
I, Robert W. Kenney, duly appointed and commissioned by the Judge of the Probate Court of the County of Union in the State of Ohio, to take deposition of Walter Wilshire Salisbury, Applicant, in the matter of the registration of birth of Walter Wilshire Salisbury, now a resident of Los Angeles, California, do hereby certify that in pursuance of said commission, I caused the said Walter Wilshire Salisbury to come personally before me at Los Angeles, California, who, being duly sworn according to law to speak the truth, the whole truth and nothing but the truth, concerning the registration of birth of Walter Wilshire Salisbury, testified as follows: Walter Wilshire Salisbury, the undersigned, beingfirst duly sworn according to law to tell the truth, the whole truth and nothing but the truth, hereby swears that he was born in Union County, Ohio; that he is now a resident of Los Angeles, California, and tha t the following are the available facts with relation to his birth, as of date of delivery:

1. Place of Birth
(a) County: Union County
(b) Plain City

2. Usual Residence of Mother:
(a) State: Ohio
(b) County: Union County
(d) Plain City

3. Full name of child: Salisbury, Walter Wilshire
4. Date of Birth: 2/12/06

5. Sex: M 6. Twin or triplet? No 8. Mother married? Yes
Father of Child Mother of Child (now deceased)
9. Full name; Salisbury, Louis Fairbanks 15. Full maiden name: Tobin, Ruie Amanda
10. Color or race: white 16. Color or race: white
11. Age at time of this birth 25 years. 17. Age at time of this birth 20 years
12. Birthplace: Delaware County, Ohio 18. Birthplace: Rio Grande, Gallia Co., Ohio
13. Usual occupation: Musician 19. Usual Occupation: Housewife

21. Children Born to this mother before this birth: 4
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead?

22. Attending Physician or Midwife
Name: Dr. Gardner (now deceased) Address: Plain City, Madison County, Ohio.
M.D., midwife or other- M.D.

I further swear that the registration of my birth is not recorded. My mother died 7/19/23 while we were living at 976 Cleveland Ave. Columbus, Ohio. Walter Wilshire Salisbury

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Walter Wilshire Salisbury, the Applicant herein, and was subscribed by him in my presence, on this 11th day of December, 1941. In Testimony Whereof, I have hereunto set my hand, at Los Angeles, California, this 11th day of December, 1941. Robert W. Kenney, Commissioner Commissioner's Fees waived.

From Page 105

COMMISSION TO TAKE DEPOSITION

Probate Court, Union County, Ohio Case No. A-56

In the Matter of Registration of Birth of Earl Edwin Slemmons.

To William S. Hoopes, Greeting: Know you, that I, Judge of the Probate Court of Union County, Ohio, have appointed you, and by these presents do give you full power and authority to examine and take the deposition of William Moore & Oceana (Moore) Wallace, witnesses who reside at R.F.D., Prospect, Ohio, and Richwood, Ohio, and who are unable to appear in said Court, in the matter of the registration of birth of Earl Edwin Slemmons, now a resident od Detroit, Wayne County, Michigan, who has filed an application for the registration of his birth in Union County, Ohio; and therefore I command you that, at certain times and places appointed by you, you cause the said William Moore and Oceana(Moore) Wallace to be brought before you, and then and there examine them, on oath or affirmation first taken before you, touching the registration of birth of the said Earl Edwin Slemmons, and that you return their testimony, together with this commission, closed up under your seal, unto our said Court, with all convenient speed. In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Marysville, Ohio, this 22nd day of December, 1941. John W. Dailey, Judge and ex-officio Clerk of the Probate Court (Seal)

DEPOSITION OF WILLIAM MOORE & OCEANA (MOORE) WALLACE

In the Matter of the Registration of Birth of Earl Edwin Slemmons. Case No. A-56

I, William S. Hoopes, duly appointed and commissioned by the Judge of the Probate Court of the County of Union in the State of Ohio, to take depositions of William Moore & Oceana (Moore)Wallace witnesses in the matter of the registration of birth of Earl Edwin Slemmons, now a resident of Detroit, Wayne County, Michigan, do hereby certify that in pursuance of said commission, I caused the said William Moore & Oceana (Moore) Wallace to come personally before me at Richwood, Ohio, who, being duly sworn according to law to speak the truth, the whole truth and nothing but the truth, concerning the registration of birth of Earl Edwin Slemmons, testified as follows:
William Moore & Oceana (Moore) Wallace, the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, hereby swear that Earl Edwin Slemmons was born in Union County, Ohio; that he is now a resident of Detroit, Wayne County, Michigan, and that the following are the available facts with relation to his birth, as of date of delivery:

1. Place of Birth
(a) County, Union
(b) Claibourne Township
(c) Name of hospital or institution home
(d) Mother's stay before delivery:
In this community, 5 yrs.

2. Usual Residence of Mother
(a) State, Ohio
(b) County, Union
(c) Claibourne Township

3. Full name of Child: Slemmons, Earl Edwin
4. Date of birth_____ 5. Sex-Male 5. Twin or triplet? single 7. No. of months of pregnancy-9. Mother married? yes

Father of Child
9. Full name, Slemmons, William J.
10. Color or race- white
11. Age at time of this birth-34 yrs.
12. Birthplace, Harrison County, Ohio
13. Usual occupation- contractor-carpenter

Mother of Child
15. Full maiden name, Moore, Mary
16. Color or race-white
17. Age at time of this birth-30 yrs.
18. Birthplace-Marshall County, W. Va.
19. Usual occupation-housewife

21. Children born to this mother before this birth
(a) How many other children of this motherwere living? None
(b) How many other children were born alive but were then dead? two
(c) How many children were born dead? none

22. Attending Physician or Midwife: Name-Oceana Moore. Address-Richwood, Ohio
they further swear that the registration of his birth is not recorded. Oceana Moore Wallace
William Moore.

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Earl Edwin Slemmons, the applicant herein, and was subscribed by them in my presence, on this 22 day of December, 1941. In Testimony Whereof, I have hereunto set my hand, at Marysville, Ohio, this 22nd day of December, 1941. William S. Hoopes, Commissioner

Commissioner's Fees, $5.00

From page 480 A-315
The State of Ohio, Morrow County.
I, the undersigned, Judge and ex-officio Clerk of the Probate Court within and for said County, and in whose custody the Files, Journals and Records of said Court are required by the laws of the State of Ohio to be kept, do hereby certify that the foregoing entry is taken and copied from the journal of the proceedings of said Court; that the same has been compared by me with the original entry on said journal,and that it is a true and correct copy thereof. In Testimony Whereof, I hereunto subscribe my name officially and affix the seal of said Court, this 3 day of July, 1942. Conard Clouse Judge and ex-officio Clerk Gladys Taylor Deputy Clerk (Seal)

No. A-412
In the Probate Court of Marion County, Ohio. In the Matter of the Correction of the Birth Record of May Arra McPherson. Finding and Order. Case No. 1509
This day this cause came on to be heard on the application of May Arra McPherson Hinklin for an order of the court correcting the birth record of the applicant as it is registered in the office of Union County Probate Court, Birth Record Vol. 2, page 39, No. 60; the court finds that notice on said application has been--dispensed with--duly published, as provided by law. The court. on consideration of the evidence submitted, finds that the application is supported by: Certified copy of applicant's birth record, marriage record of applicant in this Court, and affidavit of Pearl H. Sells, life long friend of applicant. The court finds that the correct record of the birth of the applicant is as follows: 1. Place of Birth: (a) County-Union. (b) Richwood. (c) Name of hospital or institution: Home. (d) Mother's stay before delivery: In this community 4 yrs. 2. Usual Residence of Mother: (At time of delivery) (a) State-Ohio. (b) County-Union. (c) Richwood. 3. Full name of child: McPherson, May Arra. 4. Date of birth: May 1, 1881. 5. Sex: Female. 6. Twin or triplet---. 7. Number months of pregnancy-9. 8. Mother married? yes. Father of Child: 9. Full name-McPherson, William. 10. Color or race-W. 11. Age at time of this birth 28 yrs. 12. Birthplace-Coshocton, Ohio. 13. Usual occupation-Carpenter-Cabinet maker. Mother of Child: 15. Full maiden name-Powell, Florence G. 16. Color or race: W. 17. Age at time of this birth 23 yrs. 18. Birthplace-Marion County, Ohio. 19. Usual occupation- Housewife. 21. Children born to this mother: (a) How many other children of this mother are now living? 1. (b) How many other children were born alive but are now dead?--. (c) How many children were born dead? ---. 22. Attending Physician or Midwife: Unknown. First name of applicant is incorrect, middle name not recorded, and surname is misspelled. It is therefore ordered by the court that the birth record of the applicant herein be and the same hereby is corrected, and that a certified copy of this order be transmitted to the office in which the said birth record of the applicant is registered, to be filed and recorded as provided by law. Oscar Gast Judge of thePrabate Court of Marion County, Ohio. (Seal)

The State of Ohio, Marion County, ss:
I, Oscar Gast, Judge and Ex-Officio Clerk of the Probate Court, within and for said County, and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is taken and copied from the Journal of the Proceedings of said Court; that the same has been compared by me with the original entry on said Journal and that it is a true and correct copy thereof. Witness my signature and the seal of said Court this 28 day of October, 1942. Oscar Gast Judge and Ex-Officio Clerk By Fanny Benson Deputy Clerk (Seal)

No. A-413
In the Probate Court of Marion County, Ohio. In the Matter of the Correction of the Birth Record of John Cole Rogers. Finding and Order. No. 1449
This day this cause came on to be heard on the application of John Cole Rogers for an order of the court correcting the birth record of the applicant as it is registered in the office of Union County Probate Court, Birth Record Vol. 1, page 204, No. 421; the court finds that notice of the hearing on said application has been--dispensed with--duly published, as provided by law. The court,on consideration of the evidence submitted, finds that the application is supported by: Certified copy of Birth record, applicant's insurance policy No. 2342938 issued by Equitable Life Insurance Co. June 19, 1918, and insurance policy of applicant, issued by Western & Southern Life Insurance Co. April 8, 1921. (No. 105513A). The court finds that the correct record of the birth of the applicant is as follows: 1. Place of Birth: (a) County-Union. (b) Broadway. (c) Name of hospital or institution: home. (d) Mother's stay before delivery: In this community 8 yrs. 2. Usual Residence of Mother: (At time of Delivery) (a) State-Ohio. (b) County-Union. (c) Broadway. 3. Full name of child: Rogers, John Cole. 4. Date of birth: September 7, 1876. 5. Sex-Male 6. Twin or triplet---. 7. Number months of pregnancy-9. 8. Mother married? yes. Father of Child: 9. Full name-Rogers, Winfield Scott. 10. Color or race-W. 11. Age at time of this birth 30 yrs. 12. Birthplace: Licking County, Ohio. 13. Usual occupation: Farmer. Mother of Child: 15. Full maiden name-Thompson, Mary L. 16. Color or race: W. 17. Age at time of this birth 30 yrs. 18. Birthplace-New Dover, Ohio. 19. Usual occupation-housewife. 21. Children born to this mother: (a) How many other children of this mother are now living? 2. (b) How many other children were born alive but are now dead? --. (c) How many children were born dead? --. 22. Attending physician or midwife: Unknown. Date of birth of applicant recorded as October 15th. It is therefore ordered by the court that the birth record of the applicant herein be and the same hereby is corrected, and that a certified copy of this order be transmitted to the office in which the said birth record of the applicant is registered, to be filed and recorded as provided by law. Oscar Gast Judge of the Probate Court of Marion County, Ohio (Seal)

The State of Ohio, Marion County, ss:
I, Oscar Gast, Judge and Ex-Officio Clerk of the Probate Court, within and for said County, and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is taken and copied from the Journal of the Proceedings of said Court; that the same has been compared by me with the original entry on said Journal and that it is a true and correct copy thereof. Witness my signature and the seal of said Court, this 8th day of October, 1942. Oscar Gast Judge and Ex-Officio Clerk By: Fanny Benson Deputy Clerk (Seal)

A-414
In the Probate Court of Marion County, Ohio. In the Matter of the Correction of the Birth Record of George Homer Holt. Case No. 1484 Finding and Order
This day this cause came on to be heard on the application of George Homer Holt, for an order of the court correcting the birth record of the applicant as it is registered in the office of Union County Probate Court, Birth Record Vol. 2, page 58, No. 428; the court finds that notice of the hearing on said application has been--dispensed with--duly published, as provided by law. The court, on consideration of the evidence submitted, finds that the application is supported by: Certified Birth Certificate, and sworn testimony of Guy Collin, and John Halfhill, life long friends of applicant. The court finds that the correct record of the birth of the applicant is as follows:

1. Place of Birth: (a) County-Union. (b) Taylor Township. (c) Name of hospital or institution: Home. (d) Mother's stay before delivery: In this community 10 yrs. 2. Usual Residence of Mother: (at time of delivery) (a) State-Ohio. (b) County-Union. (c) Taylor Township. 3. Full name of child: Holt, George Homer. 4. Date of birth: September 1, 1882. 5. Sex: Male. 6. Twin or triplet--. 7. Number months of pregnancy 9. 8. Mother married? yes. Father of Child. 9. Full name-Holt, George W. 10. Color or race-W. 11. Age at time of this birth 44 yrs. 12. Birthplace-Rich Hill, Ohio. 13. Usual occupation-Farmer. Mother of Child: 15. Full maiden name-Easterday, Grace. 16. Color or race-W. 17. Age at time of this birth 28 yrs. 18. Birthplace-Hartford, Ohio. 19. Usual occupation-Housewife. 21. Children born to this mother: (a) How many other children of this mother are now living? 6. (b) How many other children were born alive but are now dead?--. (c) How many children were born dead?---. 22. Attending Physician or Midwife: Unknown. First and second names of applicant omitted. It is therefore ordered by the court that the birth record of the applicant herein be and the same hereby is corrected, and that a certified copy of this order be transmitted to the office in which the said birth record of the applicant is registered, to be filed and recorded as provided by law. Oscar Gast Judge of the Probate Court of Marion County, Ohio (Seal)

The State of Ohio, Marion County, ss.
I, Oscar Gast, Judge and Ex-Officio Clerk of the Probate Court, within and for said County, and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is taken and copied from the Journal of the Proceedings of said Court; that the same has been compared by me with the original entry on said Journal and that it is a true and correct copy thereof. Witness my signature and the seal of said Court, this 19th day of October, 1942. Oscar Gast, Judge and Ex-Officio Clerk By: Fanny Benson Deputy Clerk (Seal)

A-427
Certified Copy of Journal Entry-Order on Hearing
Probate Court, Logan County, Ohio. November 17th, 1942. Order on Hearing
In the Matter of the Registration of the Birth of Isaac Bunch Johnson
This day the application of Isaac Bunch Johnson to correct his birth came on for hearing. The applicant and his witnesses, Ed. Bunch and John S. Artis, having been examined in open Court and the said applicant having submitted the affidavits of _____ and the following documentary evidence, viz:_____in support of said application, the Court finds that the applicant's birth should be corrected in accordance with the following facts: 1. Place of Birth: (A) County- Union. (b) Irwin. 2. Usual Residence of Mother: (a) State-Ohio. (b) County-Union. (c) Irwin. 3. Full name of child: Johnson, Isaac Bunch. 4. Date of birth: June 8, 1891. 5. Sex____ 6. Twin or triplet____ &. Number months of pregnancy yes. 8. Mother married? No. Father of Child: 9. Full name-Johnson, Joseph Clinton. 10. Color or race: Colored. 11. Age at time of this birth 40 yrs. 12. Birthplace: Groveport, Ohio. 13. Usual occupation Laborer. Mother of Child: 15. Full maiden name: Lucas, Janet. 16. Color or race: Colored. 17. Age at time of this birth 42 yrs. 18. Birthplace: Harrisburg, Ohio. 19. Usual occupation: Housewife. 21. Children born to this mother: (a) How many other children of this mother are now living? two. (b) How many other children were born alive but are now dead? five. (c) How many children were born dead? none. 22. Attending Physician or Midwife: Name-Dr. Lore. Address-Irwin, Ohio. It is, therefore, ordered that the registration of the birth of said applicant be corrected in accordance with the finding of the Court herein and that a summary of the finding and order of this Court, duly certified, be forthwith transmitted to the State Director of Health at Columbus, Ohio, as provided by law. A. T. Bray Judge of the Probate Court.

The State of Ohio, Logan County, ss:
I, the undersigned Judge of the Probate Court within and for said County and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is a true and correct copy of the journal entry of said Court correcting the birth of Isaac Bunch Johnson, as taken and copied from the journal of the proceedings of said Court; that the same has been compared by me with the original journal and that it is a true and correct copy thereof. Witness my hand and the seal of said Court this 20th day of November, 1942. A. T. Bray Judge of said Court. By Helen Brophy, Deputy Clerk (Seal)

A-438 (Filed Dec. 2, 1942)
In the Probate Court of Montgomery County, Ohio. In the Matter of the Correction of the Birth Record of Claire Xura Davis. Certified Copy of Finding and Order. Case No. 95986. Doc. 4
This day this cause came on to be heard on the application of Claire Xura Davis for an order of the court correcting the birth record of the application as it is registered in the office of Probate Court of Union County, Ohio, Birth Record Vol. 3, page 46, No. 106; the court finds that notice of the hearing on said application has been dispensed with as provided by law. The court, on consideration of the evidence submitted, finds that the application is supported by: Affidavits of Emma Dell Davis, the mother of the applicant, and Bonnie A. Davis, an older brother of applicant. The physician in attendance at applicant's birth being unknown. The court finds that the correct record of the birth of the applicant is as follows: 1. Place of Birth: (a) County- Union. (b) York Township. (c) Name of hospital or institution: Home. (d) Mother's stay before delivery: In this community-- 2. Usual Residence of Mother: (At time of delivery) (a) State- Ohio. (b) County- Union. (c) York Township. 3. Full name of child: Davis, Claire Xura. 4. Date of birth: January 18, 1890. 5. Sex: Male. 6. Twin or triplet no. 7. Number months of pregnancy 9. Mother married? yes. Father of Child: 9. Full name-Davis, James Edward Walker. 10. Color or race. Wh. 11. Age at time of this birth 34 yrs. 12. Birthplace-Union County, Ohio. 13. Usual occupation-farmer and merchant. Mother of Child: 15. Full maiden name-Corey, Emma Dell. 16. Color or race-Wh. 17. Age at time of this birth 32 yrs. 18. Birthplace-Morrow County, Ohio. 19. Usual occupation-Housewife. 21. Children born to this mother: (a) How many other children of this mother are now living? 1. (b) How many other children were born alive but are now dead? 1. (c) How many children were born dead? 0. 22. Attending Physician or Midwife: Unknown. It is therefore ordered by the court that the birth record of the applicant herein be and the same hereby is corrected, and that a certified copy of this order be transmitted to the office in which the said birth record of the applicant is registered, to be filed and recorded as provided by law. Wm. C. Wiseman, Judge of the Probate Court of Montgomery County, Ohio.

CERTIFICATE

The State of Ohio, Montgomery County, ss.
I, Wm. C. Wiseman, Judge and Ex-Officio Clerk of the Probate Court within and for said County, and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept, do hereby certify that the foregoing is taken and copied from the Record of the proceedings of said Court; that the same has been compared by me with the original Record, and that it is a true and correct copy of the Finding and Order of said Court. Witness my signature and the seal of said Court, this 30th day of November, 1942. Wm. C. Wisemen Judge and Ex-Officio Clerk of the Probate Court of Montgomery County, Ohio. (Seal)

No. A-449 CERTIFIED COPY OF JOURNAL ENTRY

Probate Court, Hancock County, Ohio. December 29, 1942. Case No. 22824. Order on Hearing
In the Matter of the Registration of the Birth of Carl Martin Schmidt.
This day the application of Carl Martin Schmidt to correct the record of his birth came on for hearing. The applicant having been examined in open Court and the said applicant having submitted the affidavits of his father and the following documentary evidence, viz: _____ in support of his application, the Court finds that the applicant's birth should be corrected in accordance with the following facts:
1. Place of Birth: (a) County Union. (b) Union Twp.
2. Usual Residence of Mother: State Ohio. (b) County Union. (c) Union Twp.
3. Full name of child: Schmidt. Carl Martin. 4. Date of Birth: June 22, 1907.
5. Sex: Male 6. Twin or triplet___. 7. Number of months of pregnancy- 9. 8. Mother Married Yes.
Father of Child: 9. Full name: Schmidt, Joh. 10. Color or race: W. 11. Age at time of this birth__ yrs. 12. Birthplace: Germany. 13. Usual occupation: farmer.
Mother of Child: 15. Full maiden name: Loschky, Anna Magdalena. 16. Color or race: w.
17. Age at time of this birth __yrs. 18. Birthplace: Germany. 19. Usual occupation: Housewife.
21. Children born to this mother: (a) How many other children of this mother are now living? Five (b) How many other children born alive but are now dead? one. (c) How many children were born dead? none. 22. Attending Physician or Midwife: Dr. John L. Boylan, Milford Center, Ohio.
It is therefore ordered that the registration of the birth of said applicant be corrected in accordance with the finding of the court herein and that a certified copy of this entry be forthwith transmitted to the Probate Court of Union County, Ohio, where said birth is recorded.
Paul R. Capell Judge of the Probate Court

The State of Ohio, Hancock County, ss:
I, the undersigned Judge of theProbate Court within and for said County and in whose custody the Files, Journals and Records of said Court are required by the Laws of the State of Ohio to be kept. do hereby certify that the foregoing is a true and correct copy of the journal entry of said Court correcting the record of the birth of Carl Martin Schmidt as taken and copied from the journal of the proceedings of said Court; that the same has been compared by me with the original journal and that it is a true and correct copy thereof. Witness my hand and the seal of said Court this 30th day of December, 1942. Paul R. Capell, Judge of said Court by: Betty L. Shull, Deputy Clerk
(Seal)